

***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

May 31, 2023

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BACKGROUND

On April 2, 2015, the Court ordered the Department of Social and Health Services to file monthly reports with the Trueblood Court Monitor. DSHS reports on the efforts to comply with Court Orders to provide timely competency evaluation and restoration services to Class Members, as indicated below:

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 Feb. 8, 2016. Additional orders were issued on July 7, 2016, Aug. 15, 2016, and April 26, 2017. Narrative status updates on these orders begins on page 56.

This monthly report is submitted on May 31, 2023 and primarily covers April 2023 activity. Additionally, this report displays Class Member data for competency services in two periods: March 1, 2023-March 31, 2023 and April 1, 2023-April 30, 2023. The March data are considered "mature," and the April data are a "first look" data set. In addition to the mature and first-look data discussed above, Tables 2-10 also show 11 additional months of mature data for a total of 13 months of mature and first-look data contained in each table. April 2015 is the baseline month for data analysis; please refer to Appendix A to view an entire set of the data contained in Tables 2-10.

Evaluation and restoration information specific to individual Class Members appears in this report's appendices.

CLASS MEMBER STATUS SUMMARY INFORMATION

COVID-19 CASES & PROCEDURES-MAY UPDATE

Washington state officially re-opened from pandemic-related closures on June 30, 2021, subject to limited restrictions, and the Governor's COVID-19 State of Emergency ended on October 31, 2022. As of April 2023, BHA's Western State Hospital, Eastern State Hospital, Fort Steilacoom Competency Restoration Program, and Maple Lane Competency Restoration Program inpatient facilities are operating without any COVID-19 related admissions restrictions.

On March 30, 2023, Kevin Bovenkamp, Assistant Secretary for BHA issued updated guidance on masking in BHA facilities. On April 3, 2023, the Washington State Department of Health ended the [Secretary of Health Mask Order](#). In certain circumstances, mask wearing may again become mandatory: when community transmission of COVID-19 is high according to CDC county community transmission rates; or when a ward or other area of a facility is on restriction due to COVID-19 cases. This updated guidance is in compliance with the Washington State Labor and Industries standards and with the federal Centers for Disease Control and Prevention guidance.

As of May 26, 2023, WSH is at 901 confirmed cases of COVID-19 in clients (36 new cases in May), including three deaths, and 1,268 confirmed cases in staff members (32 new cases in May). Several patient wards were placed on "red" hold status in early May due to a COVID-19 outbreak at WSH. As of May 26, 2023, ESH has had 581 staff members (2 new cases in May) and 273 clients * (0 new cases in May) test positive for COVID-19.

The FSCR facility has had positive COVID-19 test results with 39 staff (two new cases in May) and 27 patients ** testing positive at FSCR (zero new cases in May). Maple Lane has had 36 staff (one new case in May) test positive and three patients (zero new cases in May) test positive for COVID-19.

* After the end of March 2023, there was a slight downward revision in the client COVID-19 case data at ESH.

** There was an error in the Jan. 30, 2023 COVID-19 data for FSCR. It indicated 36 patients had COVID-19 over the course of the pandemic. As of Jan. 30, it was 27, and as of May 26, 2023, it remains at 27.

ANALYSIS OF MATURE DATA: MAY 1, 2015 THROUGH MARCH 31, 2023

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-March 2023
 - WSH: 292.6
 - ESH: 72.7
 - Both hospitals: 365.3

- Average monthly inpatient evaluation orders signed for April 2015-March 2023
 - WSH: 13.6
 - ESH: 9.4
 - Both hospitals: 23.0

- Average monthly restoration orders signed for April 2015-March 2023
 - WSH: 83.4 *
 - ESH: 20.5
 - Both hospitals: 103.9 *
 - Hospitals plus Residential Treatment Facility (RTF's): 122.3

- Average monthly RTF restoration orders signed for August 2018-March 2023
 - RTF's: 31.6 **

- Average monthly OCRP restoration orders signed for July 2020-March 2023
 - Phase 1 and 2 OCRP (All Locations): 0.9 ***

- Average monthly OCRP restoration orders signed since the start of Phase 2 OCRP services, November 2022-March 2023
 - Phase 1 and 2 OCRP (All Locations): 1.6 ***

* From April 2015-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 Aug. 2018, RTF data was combined with WSH. From Aug. 2018 onward, RTF data is reported separately. Yakima RTF closed to patients on July 26, 2021.

*** OCRP treatment began in Phase 1 regions between July 1-Sept. 1, 2020, and in the Phase 2 region on Oct. 31, 2022. 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 MARCH DATA

Orders:

- For March 2023, the number of jail-based evaluation orders assigned to WSH increased significantly, increasing by 127 orders (34.2 percent) to 498.
- ESH's jail-based evaluation orders in March increased significantly by 17 percent to 110 orders.
- In March, inpatient evaluation orders at WSH increased from zero to three. ESH orders for March decreased from seven orders to five for the month. Due to relatively small numbers of orders using the inpatient evaluation legal authority, there are often dramatic swings, in both the positive and negative directions, in the data from month-to-month.
- WSH received 135 restoration orders in March, a substantial increase from February's downward revised total of 95 orders (42.1 percent). ESH had 21 orders in March, a significant 32.3 percent decrease from February.
- In January's RTF data, at 90 days data maturity, the RTFs received an upward revised total of 22 restoration orders. For February, at 60 days data maturity, the RTF's have now received 12 restoration orders. This month, the March RTF data is the initial month of mature data. At this time, four restoration orders were received. The February and March RTF order numbers are likely to change further as the RTF restoration order data tends to update more slowly, over several months, than other facilities, and as a result will likely continue to change significantly over the next 45-90 days.

* Prior to Aug. 2018, RTF data was included with the data for WSH. From Aug. 2018 onward, RTF data is reported separately. Yakima RTF closed to patients on July 26, 2021.

Wait Times:

- Regarding jail-based 14-day evaluation completion times, WSH decreased moderately (-5.7%) to 13.2 days on average in March 2023, from order to completion. ESH evaluation times increase moderately (6.2%) to an average of 15.5 days. The combined average, across the system, decreased modestly (-3.5%) to 13.6 days on average to completion. On time completion remained at 86-percent in March.
- The average inpatient evaluation admission wait time at WSH is currently 190.7 days in March, a significant increase from 149.2 days in February. ESH's average wait time in March decreased slightly to 104.8 days from 105.6 days in February. 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 124.4 days in March, a significant decrease (-27.4 percent) from 171.3 days in February. The ESH average admission wait-time increased significantly (36.4 percent) to 112.0 days in March from 82.1 days in February.

Timeliness:

- At WSH, overall timeliness for jail-based evaluation completion increased slightly in March 2023 to an average 88-percent completion rate within 14-days from receipt of order. ESH's timely completion rate remained strong in March, although it declined to a 78 percent on time completion rate.
- At both hospitals combined, March's overall timeliness for inpatient evaluation admissions remained at a zero percent completion rate within 7-days from receipt of order.
- At both hospitals and the RTF's combined, overall timeliness for inpatient restoration admissions for March decreased slightly to a six-percent completion rate within 7-days.

Outliers:

For a full definition of outliers as it applies to Trueblood, please see the "Data Tables 1A. Through 1C." subsection on the following page.

- In March, the total number of outliers among the three legal authorities (in-jail evaluations, inpatient evaluations, and inpatient restorations) decreased -8.9 percent to 399. While in-jail outliers increased from six to 15, inpatient evaluations outliers decreased significantly from 41 to 27, and inpatient restorations outliers decreased moderately from 391 to 357.
- In March, the maximum number of days waiting for an in-jail evaluations outlier increased significantly from 39 to 46 days (18%). Nine of the 15 outliers waited between 22-24 days, two outliers waited 29 days, one waited 45 days, and three outliers waited 46 days for completion of their jail-based competency evaluation.
- In March, the maximum number of days waiting for an inpatient evaluations outlier decreased substantially from 228 days to 169 (-25.9%). Four of 27 outliers waited between 23-32 days, 13 waited between 51-99 days, seven waited 100-130 days, and three outliers waited 155-169 days for admissions for inpatient competency evaluation services.

- In March, the maximum number of days waiting for an inpatient restorations outlier decreased moderately from 334 days to 317 days (-5.1%). One hundred-two outliers waited between 42-79 days, 78 waited between 80-122, 93 waited between 128-199, 52 outliers waited between 203-256 days, and 32 outliers waited between 260-317 days for admissions to inpatient restoration services.

OUTLIER CASES (MATURE) MARCH 2023

DATA TABLES 1A. THROUGH 1C.

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 March 2023.
- 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)

| 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 | 15 | 22 | 46 |
| Inpatient Evaluations | 27 | 23 | 169 |
| Inpatient Restorations | 357 | 42 | 317 |

Table 1 continues below and details reasons contributing to delays in completing evaluations for outlier cases. Page nine above lists the Trueblood definition of “Outlier Cases.”

Table 1b. Summary of Evaluator Delay Reasons

| TABLE 1b. Continued SUMMARY OF EVALUATION DELAY REASONS ¹ | | | |
|---|---------------------|-----------------------|------------------------|
| 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 | | | |
| Attorney scheduling conflicts | 4 | | |
| 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 | 4 | | |
| Defendant would not cooperate with evaluation | 2 | | |
| Interpreter needed but court order did not request it | | | |
| Other patient cooperation problem | | | |
| Evaluator rejected by prosecutor | | | |
| Medical Record/Collateral Information | | | |
| Interpreter scheduling conflicts | 1 | | |
| Defense Expert scheduling | | | |
| police reports | 3 | 2 | 3 |
| Attorney No Show | | | |
| Jail conference room availability/scheduling issues | | | |
| Processor error/clerical error | | | |
| Delay in Report Distribution | | | |
| Client or other required evaluation personnel have contracted or been | | | |
| 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 | | | |
| Pending | | | |
| Unknown | 6 | | |
| Not Applicable ² | | 24 | 354 |

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

²Not 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

Finally, Table 1 concludes with a focus on the reasons outlier cases experience delays prior to and during the inpatient services admissions process.

Table 1c. Summary of Admission Delay Reasons

| TABLE 1c. continued SUMMARY OF ADMISSION DELAY REASONS ¹ | | | |
|---|---------------------|-----------------------|------------------------|
| REASONS FOR DELAY IN DATABASE | In-Jail Evaluations | Inpatient Evaluations | Inpatient Restorations |
| Bed availability | | 23 | 296 |
| 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 | | 4 | 61 |
| Not Applicable ² | 15 | | |

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

²Not 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

CLASS MEMBER STATUS DATA TABLES

DATA TABLES 2 THROUGH 4B.

The following series of tables present 13 months of Class Member status data. Descending from the top of the table, the first 12 months of data, ending with March 2023, are mature Class Member status data. At the bottom of the table, April’s 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. To view the complete set of Class Member status data, from April 2015 to present, please refer to Appendix A.

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

| TABLE 2. Class Member Status Western State Hospital – Jail-based Competency Evaluations ¹ | | | | | | | | | | | | | |
|--|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|---|--|
| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | within 14 days from order signature date ^{5,6} | within 14 days from receipt of order ^{5,6} | within 14 days from receipt of order or 21 days from order signature date ^{5,6} |
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 461 | 0.4 | 0.0 | 0.4 | 0.0 | n/a | n/a | 415 | 12.9 | 13.0 | 81% | 86% | 92% |
| May-22 | 429 | 0.5 | 0.0 | 0.7 | 0.0 | n/a | n/a | 479 | 13.2 | 13.0 | 80% | 86% | 91% |
| Jun-22 | 402 | 0.5 | 0.0 | 0.7 | 0.0 | n/a | n/a | 422 | 13.1 | 13.0 | 78% | 84% | 88% |
| Jul-22 | 475 | 0.5 | 0.0 | 0.4 | 0.0 | n/a | n/a | 389 | 12.8 | 13.0 | 81% | 87% | 91% |
| Aug-22 | 490 | 0.5 | 0.0 | 0.8 | 0.0 | n/a | n/a | 514 | 13.7 | 13.0 | 72% | 78% | 85% |
| Sep-22 | 438 | 0.4 | 0.0 | 0.6 | 0.0 | n/a | n/a | 453 | 13.9 | 14.0 | 72% | 77% | 81% |
| Oct-22 | 440 | 0.3 | 0.0 | 0.4 | 0.0 | n/a | n/a | 425 | 14.3 | 14.0 | 76% | 79% | 80% |
| Nov-22 | 359 | 0.3 | 0.0 | 0.3 | 0.0 | n/a | n/a | 388 | 14.9 | 14.0 | 71% | 76% | 78% |
| Dec-22 | 379 | 0.4 | 0.0 | 0.4 | 0.0 | n/a | n/a | 395 | 13.4 | 13.0 | 78% | 79% | 82% |
| Jan-23 | 475 | 0.5 | 0.0 | 0.4 | 0.0 | n/a | n/a | 428 | 14.1 | 14.0 | 71% | 78% | 79% |
| Feb-23 | 371 | 0.4 | 0.0 | 0.4 | 0.0 | n/a | n/a | 405 | 14.0 | 13.0 | 78% | 85% | 87% |
| Mar-23 | 498 | 0.3 | 0.0 | 0.4 | 0.0 | n/a | n/a | 469 | 13.2 | 13.0 | 82% | 86% | 88% |
| Apr-23 | 414 | 0.3 | 0.0 | 0.5 | 0.0 | 7.6 | 6.0 | 427 | 13.2 | 13.0 | 81% | 85% | 86% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 10 | 1.1 | 0.0 | 0.2 | 0.0 | n/a | n/a | 11 | 35.7 | 23.0 | 18% | 18% | 18% |
| May-22 | 7 | 1.3 | 0.0 | 0.2 | 0.0 | n/a | n/a | 10 | 18.3 | 13.0 | 10% | 10% | 10% |
| Jun-22 | 10 | 1.3 | 0.0 | 0.3 | 0.0 | n/a | n/a | 12 | 81.8 | 120.5 | 8% | 8% | 8% |
| Jul-22 | 19 | 0.3 | 0.0 | 7.0 | 0.0 | n/a | n/a | 11 | 20.5 | 4.0 | 55% | 55% | 55% |
| Aug-22 | 18 | 0.3 | 0.0 | 5.6 | 0.0 | n/a | n/a | 10 | 44.0 | 21.5 | 20% | 20% | 20% |
| Sep-22 | 16 | 0.3 | 0.0 | 4.4 | 0.0 | n/a | n/a | 11 | 27.8 | 16.0 | 0% | 0% | 0% |
| Oct-22 | 16 | 0.3 | 0.0 | 3.9 | 0.0 | n/a | n/a | 8 | 43.6 | 39.5 | 25% | 25% | 25% |
| Nov-22 | 3 | 0.3 | 0.0 | 4.4 | 0.0 | n/a | n/a | 3 | 46.0 | 51.0 | 0% | 0% | 0% |
| Dec-22 | 13 | 0.3 | 0.0 | 3.6 | 0.0 | 129.5 | 129.5 | 11 | 91.5 | 70.0 | 9% | 9% | 9% |
| Jan-23 | 7 | 0.3 | 0.0 | 3.8 | 0.0 | 112.7 | 107.5 | 21 | 85.6 | 84.0 | 0% | 0% | 0% |
| Feb-23 | 0 | 0.2 | 0.0 | 0.1 | 0.0 | 112.7 | 107.5 | 12 | 149.2 | 141.0 | 0% | 0% | 0% |
| Mar-23 | 3 | 0.3 | 0.0 | 0.0 | 0.0 | 105.0 | 104.0 | 7 | 190.7 | 218.0 | 0% | 0% | 0% |
| Apr-23 | 3 | 0.2 | 0.0 | 0.1 | 0.0 | 95.0 | 102.5 | 8 | 67.1 | 50.0 | 13% | 13% | 13% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 119 | 1.5 | 0.0 | 0.4 | 0.0 | n/a | n/a | 67 | 53.1 | 50.0 | 3% | 3% | 3% |
| May-22 | 115 | 1.5 | 0.0 | 0.3 | 0.0 | n/a | n/a | 70 | 55.7 | 53.5 | 7% | 9% | 9% |
| Jun-22 | 114 | 1.7 | 0.0 | 0.3 | 0.0 | 312.0 | 312.0 | 77 | 65.9 | 70.0 | 8% | 8% | 8% |
| Jul-22 | 91 | 1.9 | 0.0 | 0.3 | 0.0 | 294.0 | 294.0 | 91 | 76.2 | 65.0 | 4% | 4% | 4% |
| Aug-22 | 144 | 1.8 | 0.0 | 0.3 | 0.0 | 259.3 | 259.5 | 96 | 67.9 | 63.5 | 8% | 9% | 10% |
| Sep-22 | 96 | 1.7 | 0.0 | 0.3 | 0.0 | 240.6 | 240.5 | 68 | 62.8 | 44.5 | 7% | 7% | 7% |
| Oct-22 | 91 | 1.4 | 0.0 | 0.8 | 0.0 | 224.3 | 217.5 | 102 | 77.3 | 57.0 | 2% | 2% | 3% |
| Nov-22 | 89 | 1.4 | 0.0 | 0.9 | 0.0 | 210.6 | 208.0 | 69 | 110.5 | 105.0 | 7% | 7% | 7% |
| Dec-22 | 90 | 1.1 | 0.0 | 0.6 | 0.0 | 192.8 | 193.0 | 75 | 98.6 | 71.0 | 0% | 0% | 7% |
| Jan-23 | 76 | 0.9 | 0.0 | 0.6 | 0.0 | 174.0 | 174.0 | 88 | 118.1 | 82.5 | 1% | 1% | 1% |
| Feb-23 | 95 | 0.8 | 0.0 | 0.6 | 0.0 | 152.1 | 144.5 | 102 | 171.3 | 175.0 | 5% | 5% | 6% |
| Mar-23 | 135 | 0.8 | 0.0 | 0.6 | 0.0 | 121.5 | 101.0 | 113 | 124.4 | 88.0 | 10% | 10% | 10% |
| Apr-23 | 90 | 0.5 | 0.0 | 0.3 | 0.0 | 102.2 | 76.0 | 85 | 171.0 | 191.0 | 4% | 4% | 6% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³Days from order signature to³ 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)).

⁴Court 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.

⁵From 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.

⁶From 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)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 47 | 2.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 28 | 56.0 | 54.5 | 4% | 4% | 4% |
| May-22 | 31 | 2.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 35 | 49.7 | 50.0 | 6% | 6% | 6% |
| Jun-22 | 26 | 2.6 | 0.0 | 0.0 | 0.0 | n/a | n/a | 25 | 61.4 | 60.0 | 8% | 8% | 8% |
| Jul-22 | 20 | 3.2 | 0.0 | 0.0 | 0.0 | 276.0 | 276.0 | 31 | 68.3 | 63.0 | 0% | 0% | 0% |
| Aug-22 | 17 | 1.6 | 0.0 | 0.3 | 0.0 | 276.0 | 276.0 | 23 | 75.1 | 76.0 | 0% | 0% | 0% |
| Sep-22 | 39 | 1.4 | 0.0 | 0.3 | 0.0 | 276.0 | 276.0 | 31 | 73.2 | 82.0 | 0% | 0% | 0% |
| Oct-22 | 34 | 0.4 | 0.0 | 0.2 | 0.0 | 276.0 | 276.0 | 36 | 56.6 | 35.5 | 6% | 6% | 6% |
| Nov-22 | 18 | 0.2 | 0.0 | 0.4 | 0.0 | 276.0 | 276.0 | 30 | 47.0 | 33.5 | 3% | 3% | 3% |
| Dec-22 | 38 | 0.3 | 0.0 | 0.3 | 0.0 | 276.0 | 276.0 | 27 | 53.6 | 47.0 | 4% | 4% | 4% |
| Jan-23 | 22 | 0.3 | 0.0 | 0.1 | 0.0 | 276.0 | 276.0 | 19 | 52.8 | 42.0 | 5% | 5% | 5% |
| Feb-23 | 12 | 0.2 | 0.0 | 0.1 | 0.0 | 276.0 | 276.0 | 34 | 62.6 | 56.0 | 0% | 3% | 3% |
| Mar-23 | 4 | 0.1 | 0.0 | 0.0 | 0.0 | 276.0 | 276.0 | 27 | 106.8 | 97.0 | 0% | 0% | 0% |
| Apr-23 | 5 | 0.2 | 0.0 | 0.0 | 0.0 | 276.0 | 276.0 | 20 | 47.1 | 48.0 | 15% | 15% | 15% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³Days from order signature to³ 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)).

⁴Court 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.

⁵From 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.

⁶From April 2015 to 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).

THE OUTPATIENT COMPETENCY RESTORATION PROGRAM-DATA TABLE 4C.

The OCRP element of the Trueblood Contempt Settlement Agreement that is managed by the Washington State Health Care Authority, 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 11 counties and four Behavioral Health Administrative Services Organization regions covered by Phases 1 and 2 of the Settlement Agreement. 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.

This month's report covers events from April 1-30, 2023. 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, Appendices A, and F. Figures 2, 5, and 6 represent the visual presentation of OCRP data in this report. Only data from Trueblood Class Members appears in the OCRP tables and figures. As a result, some months have no new OCRP data to report.

Most individuals ordered to OCRP will not appear in Table 4c. Table 4c. is restricted to class members, meaning individuals in jail waiting for competency restoration services at any time after the competency order is signed. Currently, most individuals ordered to OCRP are released from jail prior to the court signing the OCRP order and remain in the community until entry into OCRP. The total number of individuals enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in Table 17 of this report. The OCRP update in Table 17 begins on page 51 of this month's report. Table 4c. follows on the next page.

Table 4c. Class Member Status OCRP

TABLE 4c: Class Member Status Outpatient Competency Restoration Program (OCRP)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 2 | 51.5 | 51.5 | 0.0 | 0.0 | n/a | n/a | 1 | 4.0 | 4.0 | 100% | 0% | 100% |
| May-22 | 2 | 0.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 3 | 7.7 | 8.0 | 33% | 33% | 33% |
| Jun-22 | 1 | n/a | n/a | n/a | n/a | n/a | n/a | 0 | n/a | n/a | n/a | n/a | n/a |
| Jul-22 | 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-22 | 1 | 1.0 | 1.0 | 0.0 | 0.0 | n/a | n/a | 1 | 5.0 | 5.0 | 100% | 100% | 100% |
| Sep-22 | 4 | 0.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 4 | 1.0 | 1.0 | 75% | 75% | 100% |
| Oct-22 | 4 | 0.5 | 0.0 | 0.0 | 0.0 | n/a | n/a | 4 | 1.8 | 2.0 | 75% | 75% | 100% |
| Nov-22 | 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-22 | 2 | 2.5 | 2.5 | 0.0 | 0.0 | n/a | n/a | 2 | 4.0 | 4.0 | 100% | 100% | 100% |
| Jan-23 | 2 | 0.5 | 0.5 | 0.0 | 0.0 | n/a | n/a | 1 | 2.0 | 2.0 | 100% | 100% | 100% |
| Feb-23 | 1 | 0.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 2 | 7.0 | 7.0 | 50% | 50% | 50% |
| Mar-23 | 3 | 0.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 3 | 1.7 | 1.0 | 100% | 100% | 100% |
| Apr-23 | 1 | 0.0 | 0.0 | 0.0 | 0.0 | n/a | n/a | 1 | 4.0 | 4.0 | 100% | 100% | 100% |

¹The 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.

²**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³**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)).

⁴**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.

⁵The 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.

⁶According 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).

DATA TABLES 5 THROUGH 10

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

| TABLE 5. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations ¹ | | | | | | | | | | | | | |
|--|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|---|--|
| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | within 14 days from order signature date ^{5,6} | within 14 days from receipt of order ^{5,6} | within 14 days from receipt of order or 21 days from order signature date ^{5,6} |
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 133 | 1.6 | 1.0 | 2.3 | 1.0 | n/a | n/a | 116 | 16.2 | 16.0 | 38% | 49% | 54% |
| May-22 | 109 | 1.8 | 0.0 | 2.1 | 1.0 | n/a | n/a | 129 | 17.9 | 15.0 | 45% | 50% | 55% |
| Jun-22 | 159 | 1.8 | 0.0 | 1.9 | 0.0 | n/a | n/a | 116 | 20.3 | 17.0 | 31% | 36% | 43% |
| Jul-22 | 159 | 0.5 | 0.0 | 1.5 | 0.0 | n/a | n/a | 151 | 21.1 | 22.0 | 23% | 23% | 30% |
| Aug-22 | 152 | 0.9 | 0.0 | 1.8 | 0.0 | n/a | n/a | 173 | 20.1 | 20.0 | 21% | 24% | 30% |
| Sep-22 | 101 | 1.1 | 0.0 | 1.7 | 0.0 | n/a | n/a | 128 | 21.8 | 21.0 | 23% | 24% | 25% |
| Oct-22 | 95 | 0.6 | 0.0 | 1.3 | 0.0 | n/a | n/a | 107 | 23.6 | 21.0 | 22% | 25% | 30% |
| Nov-22 | 99 | 0.6 | 0.0 | 1.3 | 1.0 | n/a | n/a | 106 | 17.7 | 14.0 | 52% | 54% | 55% |
| Dec-22 | 102 | 0.5 | 0.0 | 1.7 | 0.0 | n/a | n/a | 115 | 14.7 | 14.0 | 56% | 58% | 65% |
| Jan-23 | 109 | 1.0 | 0.0 | 1.6 | 1.0 | n/a | n/a | 89 | 16.1 | 14.0 | 53% | 65% | 72% |
| Feb-23 | 94 | 0.8 | 0.0 | 1.5 | 1.0 | n/a | n/a | 104 | 14.6 | 14.0 | 56% | 75% | 85% |
| Mar-23 | 110 | 0.6 | 0.0 | 1.7 | 1.0 | n/a | n/a | 95 | 15.5 | 14.0 | 61% | 77% | 78% |
| Apr-23 | 101 | 0.5 | 0.0 | 1.4 | 1.0 | 6.5 | 5.0 | 124 | 17.0 | 14.0 | 56% | 69% | 70% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³Days 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)).

⁴Court 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.

⁵From 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.

⁶From 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)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 15 | 1.3 | 0.0 | 0.6 | 0.0 | n/a | n/a | 9 | 45.0 | 64.0 | 11% | 22% | 33% |
| May-22 | 8 | 1.3 | 0.0 | 1.0 | 0.0 | n/a | n/a | 10 | 28.1 | 19.0 | 10% | 10% | 20% |
| Jun-22 | 12 | 0.9 | 0.0 | 1.0 | 0.0 | n/a | n/a | 7 | 44.7 | 12.0 | 0% | 0% | 0% |
| Jul-22 | 15 | 0.4 | 0.0 | 1.2 | 0.0 | n/a | n/a | 10 | 55.7 | 43.0 | 30% | 30% | 30% |
| Aug-22 | 17 | 0.6 | 0.0 | 0.9 | 0.0 | n/a | n/a | 15 | 26.9 | 29.0 | 13% | 13% | 20% |
| Sep-22 | 23 | 0.5 | 0.0 | 0.4 | 0.0 | n/a | n/a | 21 | 55.1 | 49.0 | 5% | 5% | 14% |
| Oct-22 | 9 | 0.6 | 0.0 | 0.5 | 0.0 | n/a | n/a | 15 | 73.9 | 36.0 | 0% | 0% | 0% |
| Nov-22 | 10 | 1.4 | 0.0 | 0.6 | 0.0 | n/a | n/a | 5 | 84.2 | 77.0 | 0% | 0% | 0% |
| Dec-22 | 6 | 1.5 | 0.0 | 0.7 | 0.0 | n/a | n/a | 8 | 118.3 | 140.0 | 13% | 13% | 13% |
| Jan-23 | 10 | 1.5 | 0.0 | 0.6 | 0.0 | 109.0 | 109.0 | 9 | 62.4 | 48.0 | 11% | 11% | 11% |
| Feb-23 | 7 | 0.7 | 0.0 | 0.8 | 0.0 | 85.5 | 85.5 | 7 | 105.6 | 106.0 | 0% | 0% | 0% |
| Mar-23 | 5 | 0.8 | 1.0 | 0.8 | 0.0 | 60.8 | 50.5 | 17 | 104.8 | 134.0 | 0% | 0% | 0% |
| Apr-23 | 3 | 0.7 | 1.0 | 0.5 | 0.0 | 48.4 | 48.0 | 11 | 107.9 | 113.0 | 0% | 0% | 0% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 30 | 3.7 | 1.0 | 0.1 | 0.0 | n/a | n/a | 36 | 68.3 | 78.5 | 3% | 0% | 3% |
| May-22 | 39 | 3.6 | 1.0 | 0.1 | 0.0 | n/a | n/a | 7 | 57.1 | 63.0 | 14% | 14% | 14% |
| Jun-22 | 41 | 3.7 | 0.0 | 1.1 | 0.0 | n/a | n/a | 29 | 66.2 | 69.0 | 21% | 21% | 21% |
| Jul-22 | 34 | 3.4 | 0.0 | 1.1 | 0.0 | n/a | n/a | 35 | 87.0 | 106.0 | 3% | 3% | 3% |
| Aug-22 | 44 | 3.3 | 0.0 | 1.0 | 0.0 | n/a | n/a | 22 | 68.0 | 45.0 | 5% | 5% | 5% |
| Sep-22 | 31 | 3.2 | 0.0 | 1.3 | 0.0 | n/a | n/a | 33 | 92.8 | 103.0 | 6% | 12% | 12% |
| Oct-22 | 15 | 1.1 | 0.0 | 0.4 | 0.0 | n/a | n/a | 33 | 124.4 | 143.0 | 3% | 3% | 3% |
| Nov-22 | 23 | 0.6 | 0.0 | 0.6 | 0.0 | n/a | n/a | 23 | 118.0 | 146.0 | 0% | 0% | 4% |
| Dec-22 | 31 | 1.7 | 0.0 | 0.6 | 0.0 | n/a | n/a | 56 | 111.7 | 134.0 | 2% | 4% | 4% |
| Jan-23 | 22 | 2.0 | 0.0 | 0.5 | 0.0 | 94.0 | 94.0 | 22 | 107.8 | 134.0 | 0% | 0% | 5% |
| Feb-23 | 31 | 1.7 | 0.0 | 0.4 | 0.0 | 78.5 | 74.0 | 28 | 82.1 | 75.5 | 11% | 11% | 14% |
| Mar-23 | 21 | 1.8 | 0.0 | 0.1 | 0.0 | 56.4 | 51.0 | 38 | 112.0 | 126.0 | 0% | 0% | 0% |
| Apr-23 | 34 | 0.6 | 0.0 | 0.2 | 0.0 | 32.7 | 23.0 | 43 | 89.0 | 102.0 | 5% | 5% | 5% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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 ¹ | | | | | | | | | | | | | |
|---|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|---|--|
| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | within 14 days from order signature date ^{5,6} | within 14 days from receipt of order ^{5,6} | within 14 days from receipt of order or 21 days from order signature date ^{5,6} |
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 594 | 0.7 | 0.0 | 0.9 | 0.0 | n/a | n/a | 531 | 13.6 | 13.0 | 72 % | 78 % | 84 % |
| May-22 | 538 | 0.8 | 0.0 | 1.0 | 0.0 | n/a | n/a | 608 | 14.2 | 14.0 | 73 % | 78 % | 83 % |
| Jun-22 | 561 | 0.9 | 0.0 | 1.0 | 0.0 | n/a | n/a | 538 | 14.7 | 14.0 | 68 % | 74 % | 78 % |
| Jul-22 | 634 | 0.5 | 0.0 | 0.8 | 0.0 | n/a | n/a | 540 | 15.2 | 14.0 | 65 % | 69 % | 74 % |
| Aug-22 | 642 | 0.6 | 0.0 | 1.1 | 0.0 | n/a | n/a | 687 | 15.3 | 14.0 | 59 % | 65 % | 71 % |
| Sep-22 | 539 | 0.6 | 0.0 | 0.9 | 0.0 | n/a | n/a | 581 | 15.7 | 14.0 | 61 % | 65 % | 69 % |
| Oct-22 | 535 | 0.4 | 0.0 | 0.6 | 0.0 | n/a | n/a | 532 | 16.2 | 14.0 | 65 % | 68 % | 70 % |
| Nov-22 | 458 | 0.4 | 0.0 | 0.5 | 0.0 | n/a | n/a | 494 | 15.5 | 14.0 | 67 % | 71 % | 73 % |
| Dec-22 | 481 | 0.4 | 0.0 | 0.6 | 0.0 | n/a | n/a | 510 | 13.7 | 14.0 | 73 % | 75 % | 78 % |
| Jan-23 | 584 | 0.6 | 0.0 | 0.6 | 0.0 | n/a | n/a | 517 | 14.4 | 14.0 | 68 % | 75 % | 78 % |
| Feb-23 | 465 | 0.5 | 0.0 | 0.6 | 0.0 | n/a | n/a | 509 | 14.1 | 14.0 | 74 % | 83 % | 86 % |
| Mar-23 | 608 | 0.4 | 0.0 | 0.6 | 0.0 | n/a | n/a | 564 | 13.6 | 14.0 | 78 % | 84 % | 86 % |
| Apr-23 | 515 | 0.4 | 0.0 | 0.7 | 0.0 | 7.4 | 6.0 | 551 | 14.0 | 13.0 | 75 % | 81 % | 82 % |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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 (Totals)-Inpatient Competency Evaluation

TABLE 9. Class Member Status at WSH and ESH (Totals) – Inpatient Competency Services (Inpatient Evaluations)¹

| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
|--------|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 25 | 1.2 | 0.0 | 0.4 | 0.0 | n/a | n/a | 20 | 39.9 | 27.0 | 15 % | 20 % | 25 % |
| May-22 | 15 | 1.3 | 0.0 | 0.6 | 0.0 | n/a | n/a | 20 | 23.2 | 13.5 | 10 % | 10 % | 15 % |
| Jun-22 | 22 | 1.1 | 0.0 | 0.7 | 0.0 | n/a | n/a | 19 | 68.1 | 50.0 | 5 % | 5 % | 5 % |
| Jul-22 | 34 | 0.3 | 0.0 | 3.8 | 0.0 | n/a | n/a | 21 | 37.3 | 16.0 | 43 % | 43 % | 43 % |
| Aug-22 | 35 | 0.5 | 0.0 | 3.1 | 0.0 | n/a | n/a | 25 | 33.7 | 29.0 | 16 % | 16 % | 20 % |
| Sep-22 | 39 | 0.4 | 0.0 | 2.3 | 0.0 | n/a | n/a | 32 | 45.7 | 33.0 | 3 % | 3 % | 9 % |
| Oct-22 | 25 | 0.5 | 0.0 | 2.4 | 0.0 | n/a | n/a | 23 | 63.3 | 36.0 | 9 % | 9 % | 9 % |
| Nov-22 | 13 | 0.8 | 0.0 | 2.7 | 0.0 | n/a | n/a | 8 | 69.9 | 62.0 | 0 % | 0 % | 0 % |
| Dec-22 | 19 | 0.8 | 0.0 | 2.5 | 0.0 | 129.5 | 129.5 | 19 | 102.7 | 91.0 | 11 % | 11 % | 11 % |
| Jan-23 | 17 | 0.8 | 0.0 | 2.5 | 0.0 | 112.1 | 109.0 | 30 | 78.7 | 84.0 | 3 % | 3 % | 3 % |
| Feb-23 | 7 | 0.5 | 0.0 | 0.5 | 0.0 | 105.9 | 106.5 | 19 | 133.1 | 126.0 | 0 % | 0 % | 0 % |
| Mar-23 | 8 | 0.6 | 0.0 | 0.5 | 0.0 | 84.6 | 101.0 | 24 | 129.8 | 143.0 | 0 % | 0 % | 0 % |
| Apr-23 | 6 | 0.5 | 0.0 | 0.3 | 0.0 | 71.7 | 60.5 | 19 | 90.7 | 90.0 | 5 % | 5 % | 5 % |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

⁶From 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, ESH, and RTFs (Totals)-Inpatient Competency Restoration Services

| TABLE 10. Class Member Status at WSH and ESH, and RTFs (Totals) – Inpatient Competency Services (Restorations) ¹ | | | | | | | | | | | | | |
|---|----------------------------------|---|--------|-------------------------------|--------|---|--------|-------------------------------------|---|--------|---|--|--|
| MONTH | Court Orders Signed ² | Days from order signature to ³ : | | | | | | Court Orders Completed ⁴ | Days from order signed to completion ⁵ | | Percent complete within 7 days from order signature date ^{5,6} | Percent completed within 7 days from receipt of order ^{5,6} | Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{5,6} |
| | | hospital receipt of order | | hospital receipt of discovery | | end of reporting month for incomplete referrals | | | Average | Median | | | |
| | | Average | Median | Average | Median | Average | Median | | | | | | |
| Apr-22 | 196 | 2.0 | 0.0 | 0.3 | 0.0 | n/a | n/a | 131 | 57.9 | 57.0 | 3% | 2% | 3% |
| May-22 | 185 | 2.0 | 0.0 | 0.2 | 0.0 | n/a | n/a | 112 | 53.9 | 50.5 | 7% | 8% | 8% |
| Jun-22 | 181 | 2.3 | 0.0 | 0.4 | 0.0 | 312.0 | 312.0 | 131 | 65.1 | 69.0 | 11% | 11% | 11% |
| Jul-22 | 145 | 2.4 | 0.0 | 0.4 | 0.0 | 288.0 | 276.0 | 157 | 77.1 | 75.0 | 3% | 3% | 3% |
| Aug-22 | 205 | 2.1 | 0.0 | 0.4 | 0.0 | 259.9 | 261.0 | 141 | 69.1 | 63.0 | 6% | 7% | 8% |
| Sep-22 | 166 | 2.0 | 0.0 | 0.5 | 0.0 | 241.2 | 241.0 | 132 | 72.8 | 56.0 | 5% | 7% | 7% |
| Oct-22 | 140 | 1.2 | 0.0 | 0.7 | 0.0 | 224.9 | 219.0 | 171 | 82.1 | 61.0 | 3% | 3% | 4% |
| Nov-22 | 130 | 1.1 | 0.0 | 0.8 | 0.0 | 211.2 | 208.0 | 122 | 96.3 | 79.0 | 5% | 5% | 6% |
| Dec-22 | 159 | 1.1 | 0.0 | 0.6 | 0.0 | 193.3 | 193.0 | 158 | 95.6 | 86.0 | 1% | 2% | 5% |
| Jan-23 | 120 | 1.0 | 0.0 | 0.6 | 0.0 | 174.1 | 174.0 | 129 | 106.7 | 78.0 | 2% | 2% | 2% |
| Feb-23 | 138 | 0.9 | 0.0 | 0.5 | 0.0 | 149.5 | 142.0 | 164 | 133.5 | 106.0 | 5% | 5% | 7% |
| Mar-23 | 160 | 0.9 | 0.0 | 0.5 | 0.0 | 117.3 | 96.0 | 178 | 119.1 | 97.5 | 6% | 6% | 6% |
| Apr-23 | 129 | 0.5 | 0.0 | 0.3 | 0.0 | 94.3 | 67.0 | 148 | 130.4 | 96.0 | 5% | 5% | 7% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³"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)).

⁴Court 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.

⁵From 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.

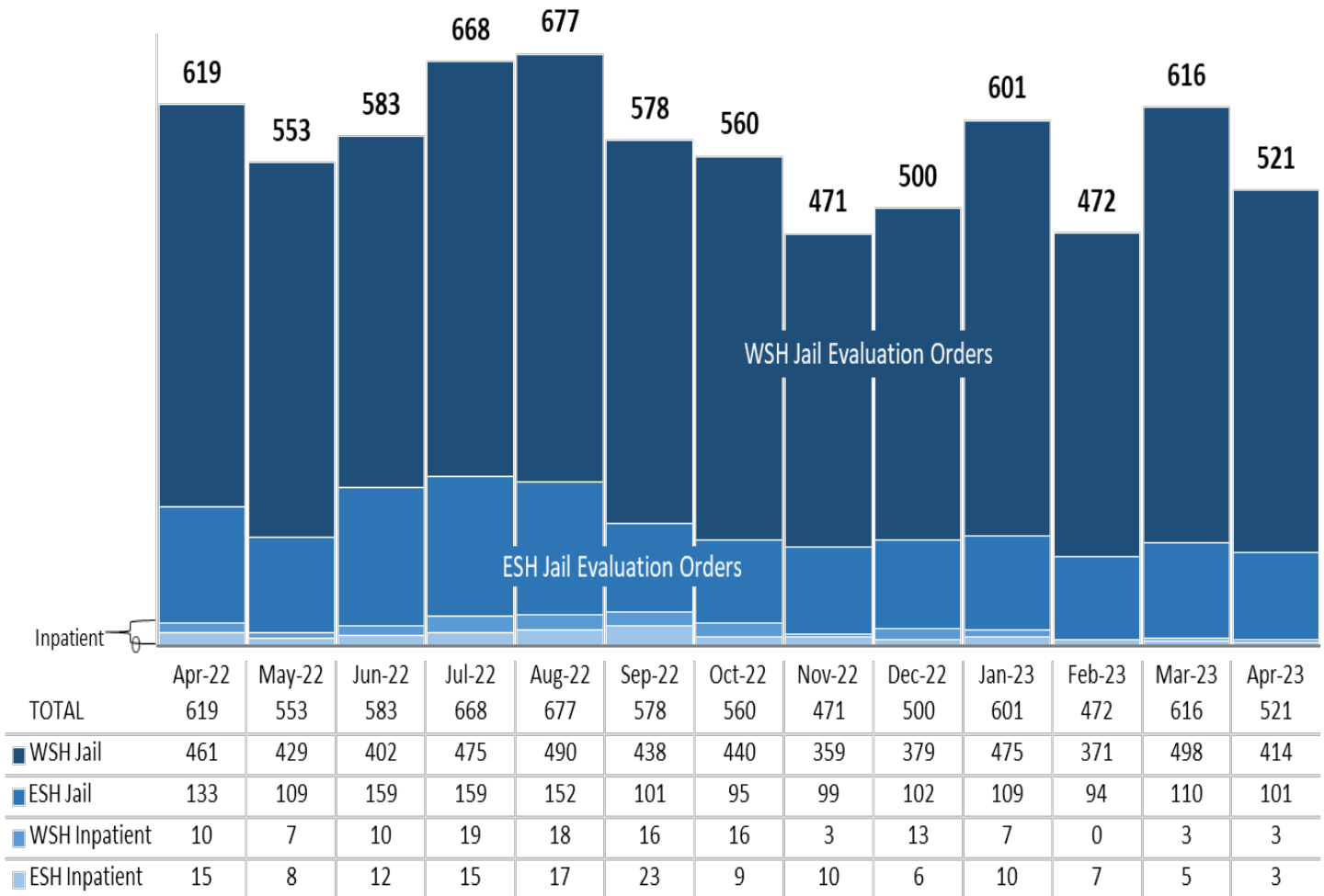
⁶From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration 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

DATA GRAPHS-FIGURES 1 THROUGH 6

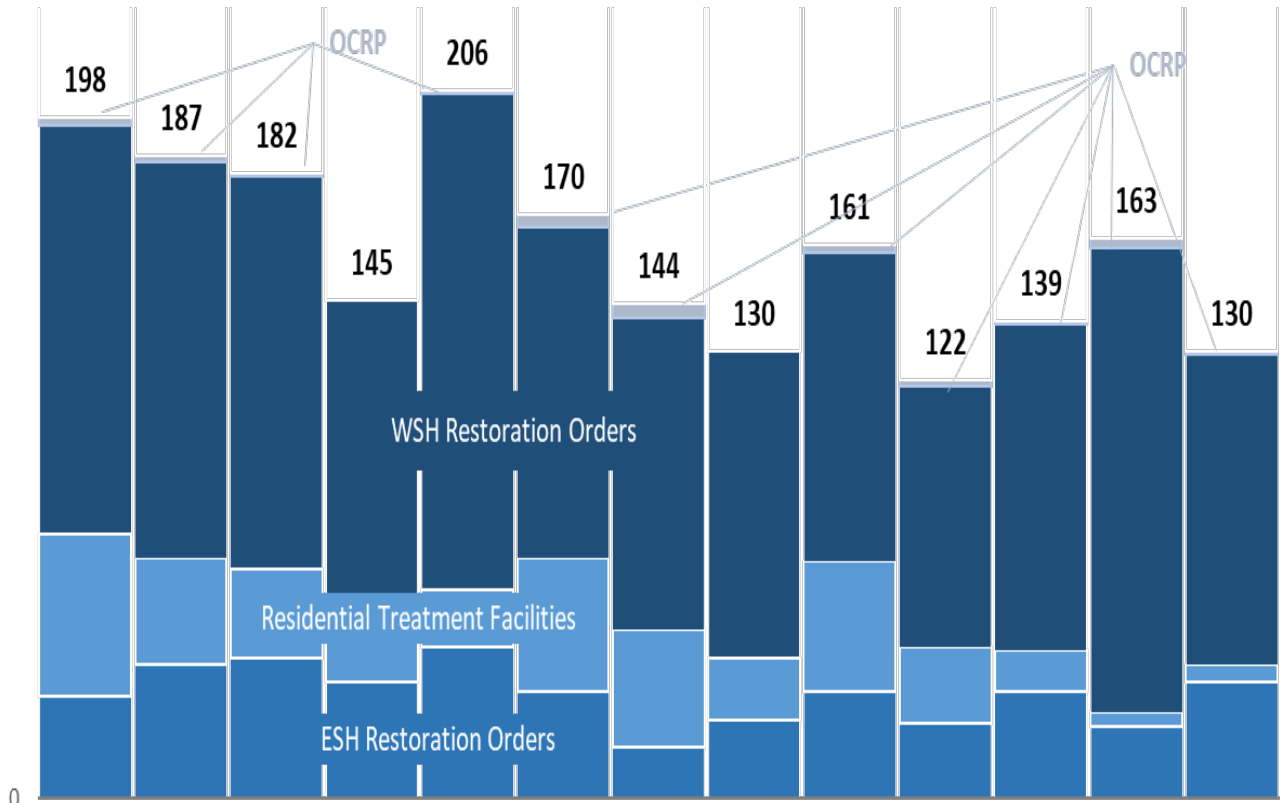
The following figures, Figures 1-6, present “first look” April 2023 data. The data are subject to change as they mature over a longer time horizon.

Figure 1. Signed Evaluation Orders for Trueblood Class Members



SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, May 2023.

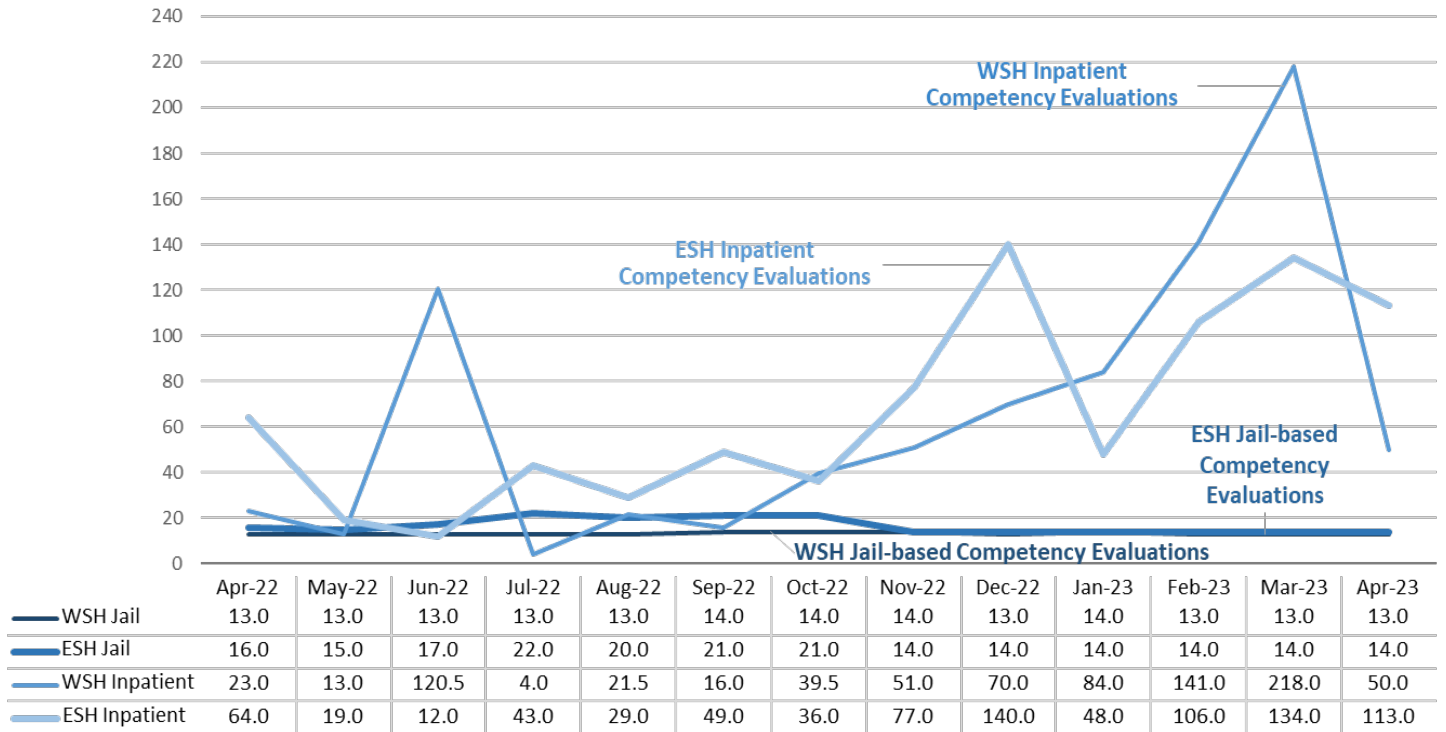
Figure 2. Signed Restoration Orders for Trueblood Class Members



| | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 | Apr-23 |
|-----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| TOTAL | 198 | 187 | 182 | 145 | 206 | 170 | 144 | 130 | 161 | 122 | 139 | 163 | 130 |
| OCRP | 2 | 2 | 1 | 0 | 1 | 4 | 4 | 0 | 2 | 2 | 1 | 3 | 1 |
| WSH Restoration | 119 | 115 | 114 | 91 | 144 | 96 | 91 | 89 | 90 | 76 | 95 | 135 | 90 |
| RTF Restoration | 47 | 31 | 26 | 20 | 17 | 39 | 34 | 18 | 38 | 22 | 12 | 4 | 5 |
| ESH Restoration | 30 | 39 | 41 | 34 | 44 | 31 | 15 | 23 | 31 | 22 | 31 | 21 | 34 |

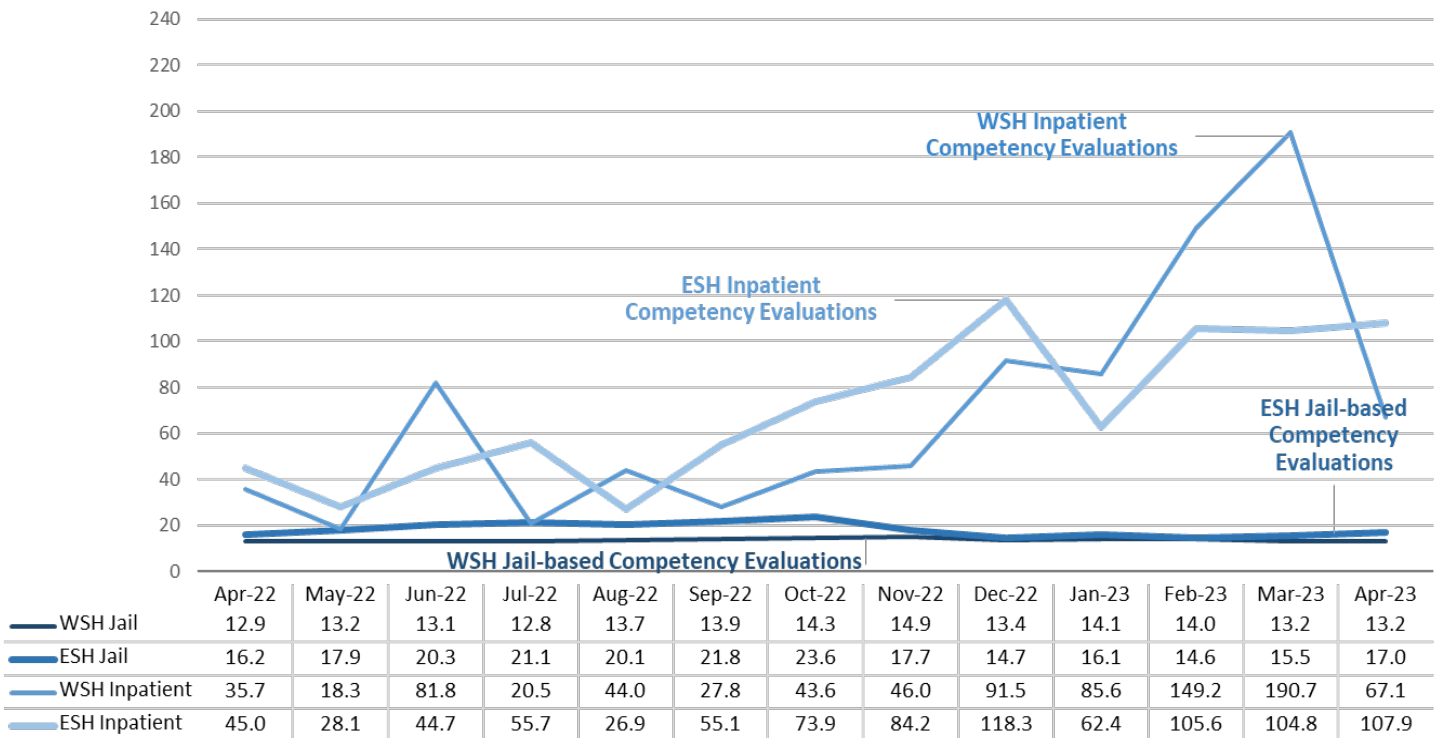
SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, May 2023.

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



SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, May 2023.

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



SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, May 2023.

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

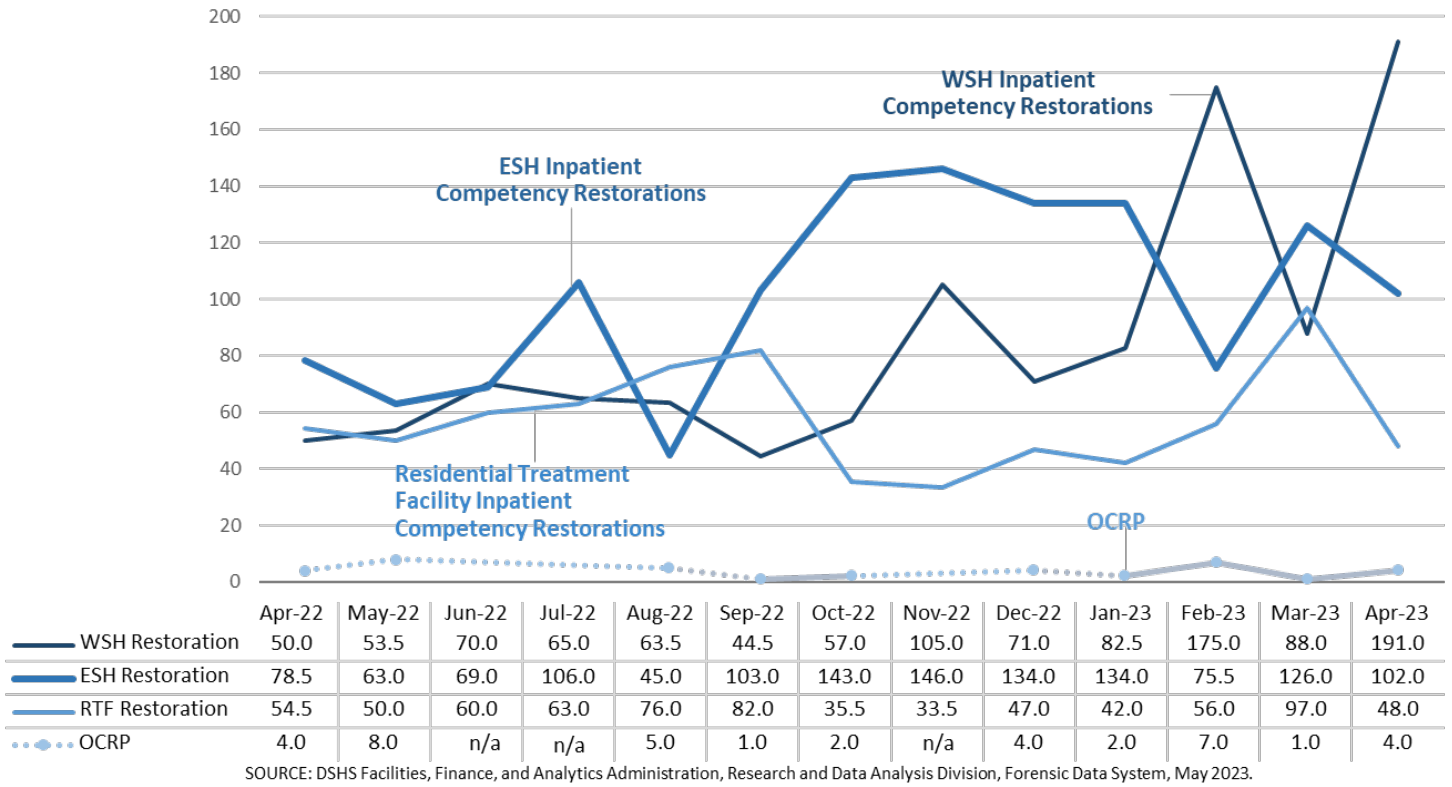
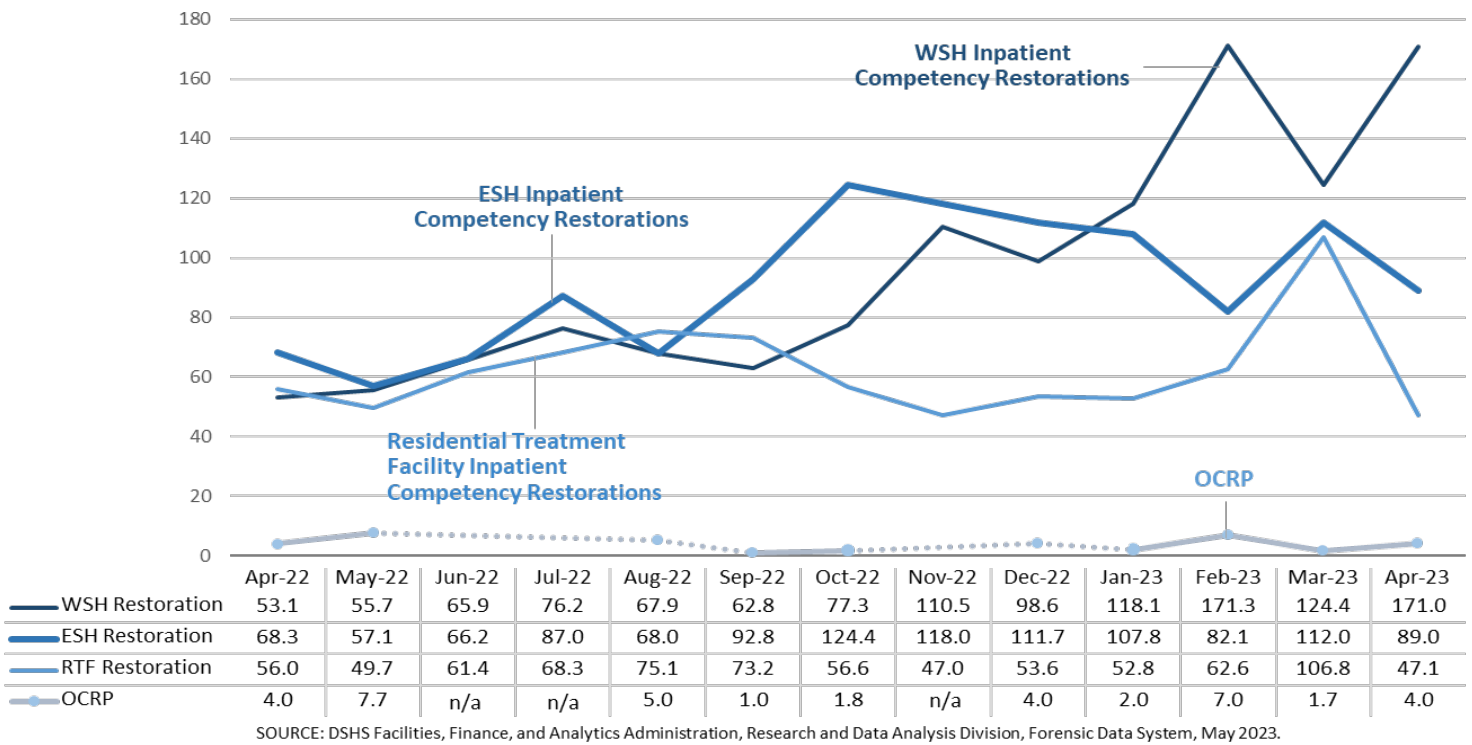


Figure 6. Average Days from Court Order Signature to Completed Restoration



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

DATA TABLES 11 THROUGH 13

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. April 2023 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 timely completion period. A rolling thirteen months is displayed in Tables 11-14. Tables 11-13 are presented in this first subsection followed by Table 14 in the subsequent subsection.

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

| TABLE 11. TOTAL COMPLETED JAIL EVALUATION ORDERS BY MONTH COURT ORDER SIGNED ¹ | | | | | | | |
|---|----------------------------------|--|--|--|---|--|---|
| MONTH | Court Orders Signed ² | 14 DAYS OR LESS FROM ORDER SIGNATURE DATE ³ | PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE ³ | ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER ^{3,4} | PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER ^{3,4} | ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{3,4} | PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{3,4} |
| Apr-22 | 594 | 416 | 70% | 440 | 74% | 478 | 80% |
| May-22 | 538 | 398 | 74% | 426 | 79% | 453 | 84% |
| Jun-22 | 561 | 338 | 60% | 372 | 66% | 395 | 70% |
| Jul-22 | 634 | 395 | 62% | 426 | 67% | 468 | 74% |
| Aug-22 | 642 | 376 | 59% | 402 | 63% | 428 | 67% |
| Sep-22 | 539 | 361 | 67% | 378 | 70% | 392 | 73% |
| Oct-22 | 535 | 356 | 67% | 376 | 70% | 386 | 72% |
| Nov-22 | 458 | 343 | 75% | 357 | 78% | 362 | 79% |
| Dec-22 | 481 | 316 | 66% | 336 | 70% | 354 | 74% |
| Jan-23 | 584 | 436 | 75% | 490 | 84% | 509 | 87% |
| Feb-23 | 465 | 347 | 75% | 383 | 82% | 400 | 86% |
| Mar-23 | 608 | 468 | 77% | 497 | 82% | 500 | 82% |
| Apr-23 | 515 | 295 | 57% | 318 | 62% | 323 | 63% |

¹Data 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.

²Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³From 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.

⁴From 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 ^{1,2} | | | | | | | |
|--|---|--|--|---|--|---|--|
| MONTH | <i>Court Orders Signed</i> ¹ | 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 ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2} | ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} |
| Apr-22 | 25 | 2 | 8% | 3 | 12% | 4 | 16% |
| May-22 | 15 | 1 | 7% | 1 | 7% | 2 | 13% |
| Jun-22 | 22 | 1 | 5% | 1 | 5% | 1 | 5% |
| Jul-22 | 34 | 9 | 26% | 9 | 26% | 9 | 26% |
| Aug-22 | 35 | 4 | 11% | 4 | 11% | 5 | 14% |
| Sep-22 | 39 | 3 | 8% | 3 | 8% | 5 | 13% |
| Oct-22 | 25 | 0 | 0% | 0 | 0% | 0 | 0% |
| Nov-22 | 13 | 1 | 8% | 1 | 8% | 1 | 8% |
| Dec-22 | 19 | 1 | 5% | 1 | 5% | 1 | 5% |
| Jan-23 | 17 | 1 | 6% | 1 | 6% | 1 | 6% |
| Feb-23 | 7 | 0 | 0% | 0 | 0% | 0 | 0% |
| Mar-23 | 8 | 0 | 0% | 0 | 0% | 0 | 0% |
| Apr-23 | 6 | 1 | 17% | 1 | 17% | 1 | 17% |

¹Data 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.

²**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³From 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.

⁴From 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 ^{1,2} | | | | | | | |
|---|---|--|--|---|--|---|--|
| MONTH | <i>Court Orders Signed</i> ¹ | 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 ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2} | ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} |
| Apr-22 | 196 | 5 | 3% | 4 | 2% | 5 | 3% |
| May-22 | 185 | 9 | 5% | 10 | 5% | 10 | 5% |
| Jun-22 | 181 | 12 | 7% | 12 | 7% | 12 | 7% |
| Jul-22 | 145 | 5 | 3% | 5 | 3% | 5 | 3% |
| Aug-22 | 205 | 10 | 5% | 13 | 6% | 14 | 7% |
| Sep-22 | 166 | 6 | 4% | 6 | 4% | 7 | 4% |
| Oct-22 | 140 | 7 | 5% | 7 | 5% | 7 | 5% |
| Nov-22 | 130 | 4 | 3% | 4 | 3% | 10 | 8% |
| Dec-22 | 159 | 2 | 1% | 3 | 2% | 3 | 2% |
| Jan-23 | 120 | 6 | 5% | 7 | 6% | 9 | 8% |
| Feb-23 | 138 | 8 | 6% | 8 | 6% | 9 | 7% |
| Mar-23 | 160 | 8 | 5% | 8 | 5% | 9 | 6% |
| Apr-23 | 129 | 7 | 5% | 7 | 5% | 8 | 6% |

¹Data 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.

²**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³From 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.

⁴From 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).

THE OUTPATIENT COMPETENCY RESTORATION PROGRAM-DATA TABLE 14

The OCRP element of the Trueblood Contempt Settlement Agreement that is managed by the Washington State Health Care Authority, 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 11 counties and four Behavioral Health Administrative Services Organization regions covered in Phases 1 and 2 of the Trueblood Contempt Settlement Agreement. 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.

This month's report covers events from April 1-30, 2023. 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, Appendices A, and F. Figures 2, 5, and 6 represent the visual presentation of OCRP data in this month's report. Only data from Trueblood Class Members is reflected in the OCRP tables and figures. As a result, some months have no new OCRP data to report.

Most individuals ordered to OCRP will not appear in Table 14. Table 14 is restricted to class members, meaning individuals in jail waiting for competency restoration services at any time after the competency order is signed. Currently, most individuals ordered to OCRP are released from jail prior to the court signing the OCRP order and remain in the community until entry into OCRP. The total number of individuals enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in Table 17 of this report. The OCRP update in Table 17 begins on page 51 of this month's report. Table 14 follows on the next page.

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 ¹ | | | | | | | |
|---|---|--|--|---|--|---|--|
| MONTH | <i>Court Orders Signed</i> ¹ | 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 ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2} | ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} | PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2} |
| Apr-22 | 2 | 2 | 100 % | 1 | 50 % | 2 | 100 % |
| May-22 | 2 | 0 | 0 % | 0 | 0 % | 0 | 0 % |
| Jun-22 | 1 | 1 | 100 % | 1 | 100 % | 1 | 100 % |
| Jul-22 | 0 | 0 | n/a | 0 | n/a | 0 | n/a |
| Aug-22 | 1 | 1 | 100 % | 1 | 100 % | 1 | 100 % |
| Sep-22 | 4 | 3 | 75 % | 3 | 75 % | 4 | 100 % |
| Oct-22 | 4 | 3 | 75 % | 3 | 75 % | 4 | 100 % |
| Nov-22 | 0 | 0 | n/a | 0 | n/a | 0 | n/a |
| Dec-22 | 2 | 2 | 100 % | 2 | 100 % | 2 | 100 % |
| Jan-23 | 2 | 1 | 50 % | 1 | 50 % | 1 | 50 % |
| Feb-23 | 1 | 1 | 100 % | 1 | 100 % | 1 | 100 % |
| Mar-23 | 3 | 3 | 100 % | 3 | 100 % | 3 | 100 % |
| Apr-23 | 1 | 1 | 100 % | 1 | 100 % | 1 | 100 % |

¹The 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.

²**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

³The 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.

⁴According 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

2017-2021 BUDGET APPROPRIATIONS

The state invested significant resources into beds, staffing, and programs impacting Trueblood Class Members. For detailed information on specific investments, review monthly reports from August 2022 and earlier at [Monitor Reports](#). On Jan. 25, 2018, Judge Pechman approved contempt fine funds to remodel WSH's Building 27. As a result, 30-bed FSCR opened in August 2019.

2021-2023 BUDGET APPROPRIATIONS

The COVID-19 pandemic emerged in Washington state in February 2020 resulting in significant pandemic-related expenditures and emergency budget reductions. COVID-19's fiscal impacts became less severe over time, and federal resources became available to DSHS. The funding below is for the 2021-2023 biennium:

1. \$27.4 million for two new 29-bed forensic competency restoration wards at WSH. F9 began accepting patients the first week of May, and F10 plans to begin admitting patients later in May
2. \$11.6 million to operate new 16-bed Civil Center for Behavioral Health at Maple Lane; began accepting patients early April 2023
3. \$5.8 million to operate a new 16-bed civil long term mental health inpatient facility in Vancouver currently estimated to open in early 2025
4. \$9.3 million to remodel and operate Columbia Cottage at Maple Lane as a 30-bed facility for NGRI patients from WSH. The current estimated opening is late 2023
5. \$4.3 million and 20.5 FTEs to support human resources, pharmacy, security, laundry, food services and facilities for two new 25-bed competency restoration wards opened at ESH in FY'20 and FY'21
6. \$3.2 million and 12.0 FTEs for the Forensic Navigator Program to expand to the King region during Phase 2 of the Settlement Agreement. Phase 2 Navigator services began in the King region in January 2022
7. \$3.2 million and 11.6 FTEs for Trueblood management support, to include project managers, records staff, research and data analysis support, and IT support
8. \$52.9 million in capital funding for the new 16-bed CCBH-ML RTF (operating costs listed in number two above) and a similar 48-bed facility in Clark County (operating costs for the 16 DSHS operated beds listed in number three above; an HCA contractor will operate the other 32 beds at the Clark County RTF). Early 2025 is the current estimated opening
9. \$51 million for the design of a new 350-bed forensic hospital at WSH. Construction is expected to begin later in 2023 and completion is estimated for 2027.

The FY'23 supplemental budget and the 2023-2025 biennium operating and capital budgets passed the legislature near the end of the 2023 legislative session. The budgets await the Governor's signature before becoming law. Additional details will become available in this report after the budgets are signed and the start of the new fiscal year on July 1 draws nearer.

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, aiming to 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 Oct. 3, 2018. DSHS received the final report via webinar on Dec. 10, 2018.

TRUEBLOOD KEY ACCOMPLISHMENTS-APRIL 2023

RECRUITING

Talent Acquisition program staff continue to support hiring needs associated with FSCR, ESH, and WSH. Applicants presented to Eastern State Hospital for consideration are indicated below:

- Mental Health Technicians - 6 presented
- Registered Nurses - 6 presented
- Psychiatric Social Workers - 5 presented
- Psychiatric Security Attendants - 10 presented
- Psychiatrist - 1 presented
- Physicians - 2 presented

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

- Registered Nurses - 38 presented
- Licensed Practical Nurses - 20 presented
- Mental Health Technicians - 46 presented
- Psychiatric Security Attendants - 22 presented
- Psychiatric Security Nurses - 11 presented
- Psychiatric Social Workers - 11 presented
- Institutional Counselors - 112 presented
- Psychologists - 2 presented
- Psychology Associates - 22 presented
- Psychiatrist - 1 presented
- Occupational Therapist - 1 presented
- Therapies Supervisors - 9 presented

Applicants presented to FSCR for consideration are indicated below:

- Registered Nurses - 7 presented
- Licensed Practical Nurses - 4 presented
- Psychiatric Security Nurses - 3 presented
- Physician - 1 presented
- Psychiatric Security Attendants - 9 presented
- Mental Health Technicians - 17 presented
- Psychologists - 2 presented

ACTIONS TO ADDRESS STAFFING CHALLENGES

Competing for staff talent with the private sector in the context of the well-publicized post-pandemic workforce challenges has left many positions, especially at our treatment facilities, chronically short-staffed. BHA has identified and implemented creative solutions within our existing authority and partnered with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. During spring and summer 2022, DSHS has taken several steps to alleviate staffing challenges. Steps taken included hiring more contractors and travel nurses, adding hiring recruitment resources to

both WSH and ESH, especially to hire nurses, partnering with the Washington State Office of Financial Management to adjust pay ranges for certain positions, expanding our successful forensic evaluator training and recruitment post-doctoral program from three-to-five interns this year, and engaging a successful demand to bargain with labor partners to allow for contract evaluations to take place until vacancies can be filled. Working toward implementing new policies and practices to attract and retain passionate, talented staff remains critical to success, and BHA has continued this critical focus through fall 2022, winter 2023, and now into spring. Even with these successful actions, BHA continues to face high vacancy rates in several critical patient-centered job classes. As of early May, vacancies in these classes continued to range between 30-40 percent. The ability to maintain current restoration capacity is a challenge, and staffing new physical capacity is also very challenging.

National Staffing Crisis and Pandemic Staff Burnout

A new challenge is emerging in the department's efforts to operate restoration beds, and to open new restoration capacity that is currently nearing completion of construction. The entire nation faces an acute staffing crisis in healthcare. On May 23, 2022, the U.S. Surgeon General issued a press release summarizing a recent Surgeon General Advisory on the healthcare worker crisis:

Today, United States Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory highlighting the urgent need to address the health worker burnout crisis across the country. Health workers, including physicians, nurses, community and public health workers, nurse aides, among others, have long faced systemic challenges in the health care system even before the COVID-19 pandemic, leading to crisis levels of burnout. The pandemic further exacerbated burnout for health workers, with many risking and sacrificing their own lives in the service of others while responding to a public health crisis¹.

Washington state, and the facilities run by the department, are not immune to these challenges. The facilities providing restoration services are currently facing acute staffing shortages. As of early May 2023, vacancies in several critical BHA patient-centered job classes continued to range between 30-40 percent. The ability to maintain current restoration capacity is at risk, and staffing new physical capacity is expected to be extremely challenging. To address this, the department is engaging several approaches:

1. Implemented hiring and retention incentives to keep current staff and attract new staff. The incentives are now being offered. While this is an important tool in addressing this crisis, other organizations in the private and public sphere are also using similar tactics, leading to an "arms race" in competing for the extremely limited pool of available people to hire. Additional pay raises that were previously funded became effective on July 1, 2022.
2. The department is using contract staff to fill critical vacancies and keep current capacity operating. While this is a short-term solution, the extreme cost of the contracted staff means that contract staff are not a sustainable long-term solution.
3. The department is also pursuing contract staff for vacant forensic evaluator positions. This has increased capacity for in-jail evaluations as well as assisted with completion of inpatient competency evaluations. The

¹ <https://www.hhs.gov/about/news/2022/05/23/new-surgeon-general-advisory-sounds-alarm-on-health-worker-burnout-and-resignation.html>

department has requested increased evaluation staff in the 2023 legislative session, and the governor's 2023-2025 biennial budget has provided for an additional 17 evaluations staff.

4. The department has diversified staffing for certain functions, to use different types of credentials and staff to complete necessary work. For example, at WSH PhDs who are not licensed in Washington are working under a Washington regulatory scheme that allows them to work under supervision as an "agency affiliated counselor" to complete work within the civil center (not for class members). However, even with these efforts in place, there are simply not enough people in the nationwide employment pool. With healthcare providers across the industry facing critical shortages, those providers are engaged in similar mitigations and attempts to recruit from a limited pool of staff. Attracting new staff to department facilities often means that these staff are moving from other important mental health programs, which results in a "rob Peter to pay Paul" situation that leaves programs across the mental health system understaffed. This potentially includes and affects staffing for other Contempt Settlement Agreement programs. The department will continue with these efforts with the goal of ensuring that existing restoration capacity can operate, and that new capacity can open. However, the gravity of the current situation cannot be understated: If the available staffing does not improve, the department will not be able to keep existing beds open².

² Document 907-1. In Cassie Cordell *Trueblood*, et al., v. Washington State Department of Social and Health Services, et al. Case No. C14-1178 MJP, Trueblood Quarterly Implementation Status Report, June 2022, Filed June 16, 2022, pp. 4-6.

RESIDENTIAL TREATMENT FACILITIES DATA

This section presents monthly data for the current month and the trailing year (13 months), with a year-over-year average comparison. Maple Lane and FSCR P are presented in their own table, Tables 15 and 16 in this section of the report.

Table 15. Monthly RTF Data for Maple Lane

| Data Elements | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | 2022 Avg | Jan-23 | Feb-23 | Mar-23 | Apr-23 | 2023 Avg |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|--------|--------|----------|
| Census (last day of month) | 22 | 23 | 22 | 23 | 21 | 24 | 27 | 26 | 28 | 23.75 | 24 | 28 | 26 | 26 | 26.00 |
| Total patients admitted | 10 | 14 | 10 | 13 | 12 | 12 | 6 | 9 | 11 | 11.33 | 10 | 13 | 13 | 8 | 11.00 |
| Completed and found competent (1st Restoration) | 9 | 5 | 6 | 5 | 8 | 4 | 6 | 3 | 5 | 5.67 | 6 | 2 | 9 | 4 | 5.25 |
| Not likely restorable (transported back to jail) | 1 | 4 | 3 | 0 | 1 | 1 | 0 | 2 | 2 | 1.58 | 3 | 2 | 0 | 2 | 1.75 |
| Court Order lapsed (Transported back to Jail) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0.00 |
| Felony patients completed and found not likely restorable (1st Restoration) | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0.33 | 0 | 0 | 0 | 0 | 0.00 |
| Misdemeanor patients not restored (no further treatment by law) | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 2 | 0 | 1.08 | 1 | 0 | 2 | 1 | 1.00 |
| Total transferred to State Hospital | 0 | 0 | 2 | 3 | 1 | 1 | 1 | 1 | 0 | 0.92 | 0 | 1 | 0 | 1 | 0.50 |
| For physical aggression | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0.50 | 0 | 0 | 0 | 1 | 0.25 |
| For sexually inappropriate behavior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0.08 | 0 | 0 | 0 | 0 | 0.00 |
| For medical reasons | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0.17 | 0 | 1 | 0 | 0 | 0.25 |
| Due to court ordered treatment at SH | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0.00 |
| Other | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0.17 | 0 | 0 | 0 | 0 | 0.00 |
| Total patients eloped | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0.08 | 0 | 0 | 0 | 0 | 0.00 |
| Total recommended for early evaluation | 5 | 4 | 3 | 2 | 3 | 1 | 3 | 5 | 1 | 2.67 | 4 | 2 | 5 | 3 | 3.50 |
| Total recommended for 2nd 90-day order | 0 | 4 | 5 | 2 | 2 | 3 | 8 | 4 | 1 | 3.25 | 5 | 1 | 5 | 4 | 3.75 |
| Total recommended for 3rd 90-day order | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0.08 | 0 | 0 | 0 | 0 | 0.00 |

Table 16. Monthly RTF Data for Fort Steilacoom

| Data Elements | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | 2022 Avg | Jan-23 | Feb-23 | Mar-23 | Apr-23 | 2023 Avg |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|--------|--------|----------|
| Census (last day of month) | 25 | 28 | 25 | 24 | 20 | 22 | 27 | 27 | 28 | 23.25 | 27 | 29 | 26 | 21 | 25.75 |
| Total patients admitted | 13 | 13 | 7 | 12 | 8 | 11 | 17 | 10 | 11 | 10.58 | 8 | 11 | 12 | 7 | 9.50 |
| Completed and found competent (1st Restoration) | 3 | 7 | 3 | 7 | 6 | 1 | 7 | 6 | 4 | 5.00 | 6 | 2 | 9 | 4 | 5.25 |
| Not likely restorable (transported back to jail) | 1 | 1 | 3 | 0 | 1 | 0 | 2 | 2 | 1 | 1.33 | 2 | 3 | 0 | 2 | 1.75 |
| Court Order lapsed (Transported back to Jail) | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0.33 | 0 | 1 | 1 | 1 | 0.75 |
| Felony patients completed and found not likely restorable (1st Restoration) | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 6 | 1 | 1.50 | 2 | 2 | 1 | 2 | 1.75 |
| Misdemeanor patients not restored (no further treatment by law) | 1 | 1 | 3 | 0 | 1 | 0 | 2 | 2 | 0 | 1.33 | 0 | 2 | 0 | 1 | 0.75 |
| Total transferred to State Hospital | 3 | 0 | 2 | 3 | 2 | 2 | 2 | 0 | 1 | 1.50 | 1 | 1 | 1 | 3 | 1.50 |
| For physical aggression | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 0.67 | 0 | 0 | 1 | 0 | 0.25 |
| For sexually inappropriate behavior | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0.00 |
| For medical reasons | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0.00 |
| Due to court ordered treatment at SH | 0 | 0 | 1 | 0 | 1 | 1 | 2 | 0 | 1 | 0.67 | 1 | 1 | 0 | 3 | 1.25 |
| Other | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0.17 | 0 | 0 | 0 | 0 | 0.00 |
| Total patients eloped | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0.25 | 0 | 0 | 0 | 0 | 0.00 |
| Total recommended for early evaluation | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0.33 | 0 | 0 | 1 | 0 | 0.25 |
| Total recommended for 2nd 90-day order | 1 | 5 | 5 | 1 | 2 | 2 | 0 | 4 | 6 | 2.33 | 6 | 2 | 3 | 0 | 2.75 |
| Total recommended for 3rd 90-day order | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 | 0 | 0.00 |

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED-APRIL 2023

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

Table 17. Trueblood Implementation Steps

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|--|--|---------------------------|---|---|
| Court Appointed Monitor Coordination | | | | |
| Monthly reports | Released April 2023 report. | Complete | <ul style="list-style-type: none"> Maintain compliance with the Court. Use data to review and improve the provision of forensic services. | April 2023 report released to stakeholders. |
| Legislative Coordination | | | | |
| 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"> Section 5(2) required OFM to contract with an external consultant to examine the current configuration and financing of the state hospital system and make recommendations on a number of different areas, including identification of the potential costs, benefits, and impacts associated with dividing one or both of the state hospitals into discrete hospitals to serve civil and forensic patients in separate facilities. The consultant's report was due to the Governor and Legislature by Oct. 1, 2016. | <p>The Select Committee for Quality Improvement in State Hospitals met on Oct. 30 and Dec. 15, 2017. During the Dec. 15, meeting, the department presented material on the three prosecutorial diversion programs funded in FY '18. The Court Monitor provided an overview and update on eight programs that received Trueblood fine money for diversion services.</p> <p>In 2018, meetings occurred on the following dates: April 18, July 24, and Oct. 18. In 2019, the committee met on Jan. 7, prior to sunseting on July 1.</p> <p>The Behavioral Health Recovery System Transformation Task Force convened after July 1, 2019, conducting similar work as the Select Committee. The Task Force met on Sept. 26 and Nov. 12.</p> <p>In 2020, the BHRST task force met on Sept. 25 and Oct. 23. The website below contains the agenda and other meeting materials</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-------------|-----------------------|---------------------------|--|--|
| | | | <ul style="list-style-type: none"> 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 Legislature by Oct. 1, 2016. Section 6 created the Governor's Behavioral Health Innovation Fund in the state treasury. Only the director of financial management or designee may authorize expenditures from that Fund, which are provided solely to improve quality of care, patient outcomes, patient and staff safety, and the efficiency of operations at the state hospitals. | <p>for the Oct. 23 meeting including draft recommendations from the Task Force's legislative members: https://app.leg.wa.gov/committeeschedules/Home/Documents/28006?//29870/01-01-2020/11-15-2020/Agenda///Bill/</p> <p>Final recommendations of the Task Force were due on Dec. 1, 2020 after which, the Task Force sunset.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|--|--|---------------------------|---|--|
| <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"> Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators. Develop long-term certification of forensic evaluators, consistent with the Trueblood Court Monitor’s recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance. | <p>Consultation with other states regarding certification of forensic evaluators continues through periodic videoconferences and follow-up contacts with key staff in other states. Information about credentialing from other states was shared with the forensic evaluator supervisors.</p> <p>Since May 2021, OFMHS’ has focused more on internal quality assurance/performance improvement for reports. The first step consisted of updating the forensic report writing guidelines, and the second step is the peer review and collaboration policy development process. In May 2021, next steps related to this process were discussed. Discussion focused on exploring further a peer review process and what associated training may look like for internal “credentialing.” With work being done on updating the evaluator guidelines manual, drafting the peer review policy was delayed until completion of the guidelines manual. The initial plan was to complete a draft of the peer review policy by Aug. 1, 2022. Due to extremely high numbers of competency evaluation referrals statewide, the due date had to be pushed back several times until Dec. 31, 2022. The Initial draft was completed with input from forensic evaluator staff from the six offices at the end of December. The policy was placed in PolicyTech for further review in January and February 2023. Policy was reviewed by supervisors and the director and edits were made. The revised policy was then sent out to the policy reviewers at the end of April. Once all reviews are completed by the policy team, the new draft will be shared with evaluators and labor.</p> |
| <p>Labor Coordination</p> | | | | |
| <p>Engage labor leaders and members.</p> | <p>Conduct ongoing bi-monthly</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> Discuss policy, budget and operational changes likely required | <p>There is currently one demand to bargain open. The two labor notices filed in March 2023 did not require a formal demand to bargain. The first notice was on extending the ability to use</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|--|--|---------------------------|--|--|
| | meetings with labor leaders. | | <p>to comply with the Trueblood requirements.</p> <ul style="list-style-type: none"> • Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals. • Obtain necessary psychiatrists and physicians to supplement services proved by employees at WSH to safely support the operation of additional forensic and civil beds. | <p>contracted forensic evaluators for another year as we continue to fill vacant positions and have large referral numbers (and have been funded for additional new evaluator positions). The second notice focused on providing extra duty pay to forensic evaluators who perform supervision and other student training activities. The one current demand to bargain involves the coverage of the King and northern counties as the former supervisor has changed positions to be an evaluator. The current coverage has divided staff under four different supervisors and court areas. Lastly, notice was provided at the end of April requesting the use of approved psychiatrists to assist in completing personal recognizance competency evaluations.</p> |
| Data Collection and Fiscal Modeling | | | | |
| Monthly report data collection | Identify and obtain needed data. | Complete | <ul style="list-style-type: none"> • Obtain data for monthly reports and develop standardized reports to inform policy development and implementation. | Data collection is ongoing. The Forensic Data System technical team continues to meet bi-monthly with program staff and RDA. Reporting needs are identified, run through change control, and implemented as needed. This process is operationalized. |
| Institute data audit process. | Review data and files of cases with anomalies to identify trends. | Complete | <ul style="list-style-type: none"> • Ensure completeness and accuracy of wait list data. | Data validation process is ongoing. IT project team and RDA analysts, research data anomalies to determine the cause, impact, and remediation needed. |
| Forensic Data System design/ development | Analyze legacy applications data quality for potential data migration. | Complete | <ul style="list-style-type: none"> • Integrated forensic system with consistent data entry and tracking of all Class Members from creation of court order for mental competency evaluation through completion of evaluation and/or restoration. | |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-----------------------------------|-------------------------|--------------------|---|--|
| | | | <ul style="list-style-type: none"> • Provided evaluators ability to access client status changes remotely to reduce delays. • Provided a single platform for quality reporting, eliminating the variability inherent in leveraging legacy applications not meant for this purpose. | |
| FDS Post-implementation Processes | Data migration clean-up | Complete | <ul style="list-style-type: none"> • Some migrated data contained historical elements requiring clean up in the new system. | Historical data load has been loaded into FDS and is available to approved roles. |
| | Usability | Complete | <ul style="list-style-type: none"> • 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. • Modified search screens to reveal all court orders for each client. • Streamlined admissions process; created refined inpatient “Due In/ Due Out” movement report. | <p>The IT project team modified search screens to show a more complete snapshot of the court order, eliminating barriers resulting from role-based access. Roles still limit the data specific users may edit.</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 were gathered to also meet the needs of other admission coordinators.</p> |
| | System data issues | Complete | <ul style="list-style-type: none"> • Improved data integrity (date client status effectively changed, Forensic Evaluation Completion, Due In Date and Due Out Date). | 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. |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|---------------------------------------|---------------------------------|--------------------|--|--|
| | | | <ul style="list-style-type: none"> Resolved missing data (CINs). 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. | <p>New Client Identification Number confirmer trained; requested access to additional secondary systems for identifying clients.</p> <p>New structure for capturing client status has been released to users on Apr. 17, 2019.</p> |
| | RDA reporting issues | Complete | <ul style="list-style-type: none"> Ensured RDA accounted for all/correct elements when building reports. | RDA has expertise in the legacy database schemas and the Court's requirements. The IT project team has expertise in the new FDS schema and will continue to transfer that expertise to RDA. |
| Human Resources | | | | |
| Hire OFMHS HQ positions. | Hire and onboard. | Complete | <ul style="list-style-type: none"> Provided infrastructure for forensic services system; improved effective and timely competency services provision. | For evaluators, all authorized and required positions to enact Phase 1 have been filled. |
| Hire additional hospital ward staff. | Conduct targeted hiring events. | In progress | <ul style="list-style-type: none"> 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. | Talent Acquisition recruiting efforts continue. See pages 35-37 for additional details on recruiting. |
| | Pursue contracting | | | |
| Competency Evaluation | | | | |
| Build capacity for out-station sites. | Site agreements | N/A | <ul style="list-style-type: none"> Increased capacity at out-station sites will reduce wait time for evaluations. | Most evaluations at outstation sites and all evaluations at RTFs have been conducted by telehealth to reduce COVID-19 exposure risk. The telehealth system accommodates interpreter services and attorney requirements to be present. Refer to pages 47-48 for additional information on telehealth sites and monthly data. |
| | Outstation sites operational | Complete | | |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|---|--|---------------------------|---|---|
| Coordinate with forensic mental health system partners. | Regular meetings with county stakeholders | Ongoing | <ul style="list-style-type: none"> Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the Trueblood decision. | <p>The most recent bi-monthly stakeholder meeting in Pierce convened on March 15, 2023. The next meeting is scheduled for May 17, 2023.</p> <p>OFMHS partners with King County’s Department of Behavioral Health and Recovery to convene a group to address issues related to Trueblood Class Members. This group met monthly from May 2019 through May 2022 when the group moved to a new every-other-month meeting cadence. Participants include police, behavioral health providers, shelter services, prosecutors, defenders, DRW, DSHS, and more. The next meeting is scheduled for May 22, 2023.</p> |
| Continue current county-conducted evaluation system until 2018. | Establish quality criteria for evaluation reports. | Ongoing | <ul style="list-style-type: none"> Obtain data needed from counties in order to meet Court ordered reporting requirements. | <p>The Quality Assurance program for competency reports began Nov. 1, 2017. Forensic evaluator supervisors use a manual of standards for competency evaluations and audit competency evaluation reports written by their direct reports.</p> <p>During Q1 2023, 100-percent of forensic evaluators had competency evaluation reports audited by supervisors. A total of 133 competency evaluation reports were reviewed in Q1 2023.</p> |
| Explore and pursue triage system possibilities. | Roll out Phase 2. | In progress | <ul style="list-style-type: none"> 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 evaluation order (i.e., no longer drug affected). | <p>As of April 30, 2023, OFMHS has received 906 triage referrals from jail staff/defense. Of those referrals, 557 were approved, 272 referrals were denied, and 77 referrals were withdrawn before placement could be made.</p> <p>On Nov. 2, 2016, OFMHS began calling jails holding in-custody defendants waiting 14 days for a competency evaluation. The calls notify jail staff of the Triage Consultation and Expedited Admissions process. Since tracking began, approximately 3,998 calls have been made including 1 call to jails in April 2023. In addition to jail calls, staff also complete administrative checks,</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|--|---|---------------------------|---|--|
| <p>Develop Telehealth video-conferencing systems to assist in the completion of evaluations.</p> | <p>State-wide implementation and utilization of technology.</p> | <p>Ongoing</p> | <ul style="list-style-type: none"> Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more evaluations, thereby helping to meet Court ordered requirements. | <p>within our data systems, on clients nearing 14 days. These checks ensure that scheduled evaluations are completed, and any problems are tracked through to resolution.</p> <p>The telehealth system began operations in 2018 and regularly expands its ongoing operations to include additional partners. OFMHS continues to educate courts and jails on this technology. With the COVID-19 pandemic, telehealth technology sees increased interest from entities seeking to continue evaluations while maximizing safety of clients and staff. As stakeholders grow increasingly comfortable with telehealth technology, they gain appreciation for telehealth evaluation’s efficiency for all parties.</p> <p>OFMHS has reached out to 48 jails statewide to review and further expand telehealth use. Telehealth processes are actively used in the Colville Tribes Corrections Detention Facility, Nisqually Corrections Center, Yakama Nation Correction & Rehabilitation Facility, and in the following county jails: Benton, Clallam, Clark*, Cowlitz**, Ferry, Franklin, Grant, Grays Harbor, Island, Jefferson, King**, King - Regional Justice Center, Kitsap, Kittitas, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Spokane, Spokane - Geiger, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima, and in the following local jails: Aberdeen, Enumclaw, Forks, Hoquiam, Issaquah, Kent, Kirkland, Puyallup, SCORE, Sunnyside, and Yakima City jails.</p> <p>OFMHS continues to reach out to jails across the state to identify and troubleshoot barriers to telehealth implementation and adoption. OFMHS is also working on developing a turnkey solution to increase telehealth capabilities in facilities and to move towards a standardized hardware and software package.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-------------------------------|---------------------------------------|--------------------|---|--|
| | | | | <p>DSHS' competency restoration programs at FSCRCP, MLCRP, ESH, WSH, and HCA's OCRP in Spokane and Pierce Counties, and Southwest Washington can also provide videoconference and telephonic presence of secondary parties.</p> <p><i>*Notes the ability for telephonic presence of defense counsel and interpreter in certain cases.</i> <i>**Hybrid process where the evaluator or the defense counsel is present in person to facilitate use of equipment with other parties remotely.</i></p> <p>Court orders have authorized 7,828 telehealth evaluations since August 2018. Clients or their attorneys have rejected 1.8% of attempts resulting in 7,688 completed telehealth evaluations. For the last 12 months, telehealth evaluations have averaged approximately 228 evaluations per month. This data is current through May 18, 2023.</p> |
| Competency Restoration | | | | |
| SH addition 45 beds | Bed occupancy with forensic patients. | Complete | <ul style="list-style-type: none"> Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements. | <p>The Legislature funded this request to operate 45 additional beds in building 27 FSCRCP and the South Hall 5 ward.</p> <p>S5 expanded from 15 beds to 30. S5 reached full patient capacity in fall 2018. FSCRCP RTF opened on WSH's campus in late Aug. 2019.</p> |
| WSH addition 40 beds | Bed occupancy with forensic patients. | Complete | <ul style="list-style-type: none"> Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements. | <p>In the 2017-19 budget, the legislature allotted funding to convert 60 civil beds to 42 forensic beds on two wards at WSH per the settlement. The wards' final configurations resulted in 40 new beds instead of 42, accommodating a seclusion room on each ward.</p> <p>COVID-19 limitations caused significant contractor and subcontractor construction delays. The Court granted an extension of time to complete construction and open the new</p> |

| <i>Task</i> | <i>Key Milestones</i> | <i>Status / End Dates</i> | <i>Anticipated Outcome & Assumptions</i> | <i>Results Achieved & Barriers to Completion</i> |
|---|---------------------------------------|---------------------------|--|--|
| | | | | wards to patients. E4 started admitting patients on Feb. 8, 2021, and E3 started admitting patients on Feb. 15, 2021. |
| ESH addition of 50 beds | Bed occupancy with forensic patients. | Complete | <ul style="list-style-type: none"> Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements. | <p>In the 2019-2021 biennial budget, more than \$24 million was allocated to DSHS to renovate two 25-bed forensic competency restoration units at ESH.</p> <p>The COVID-19 emergency impacted construction activities. The Court granted a time extension to complete construction and open the new wards to patients. Ward 1N3 opened June 1, 2020. Ward 3N3 opened Aug. 3, 2020.</p> |
| Provide Restoration Treatment at MLCRP. | Restore patients to competency. | Ongoing | <ul style="list-style-type: none"> To meet or exceed the restoration rates at both state hospitals. Hard closure date set for June 30, 2024 unless trigger event occurs. | <p>The quarterly length of commitment data pulled on Jan. 19, 2023 shows that restoration patients on 45-day orders at MLCRP and FSCRCP are both close in length. MLCRP’s LOS is 40.4 days and FSCRCP’s is 40.3. MLCRP’s numbers are higher in LOS compared to both state hospitals for 90-day orders. MLCRP’s average this quarter for a 90-day order was 85.3 days. Refer to Table 15 on page 38.</p> <p>On May 8, 2023, MLCRP’s census was 24, and there are seven permanent DSHS RRC2, and six on-call vacancies. Recruitment continues for those positions, and there is currently one hiring packet being reviewed. On July 1, 2022, the residential rehabilitation counselor job class received salary range increases from the state, and applicants for the recruitments are increasing. Management is considering alternate schedules to further improve recruitment.</p> <p>On May 10, the first RTF resident transferred to OCRP. The OCRP program is located in King County.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|---|---------------------------------|---------------------------|---|--|
| Provide Restoration Treatment at YCRP. | Restore patients to competency. | Complete | <ul style="list-style-type: none"> To meet or exceed the restoration rates at both state hospitals. Barring “trigger event,” hard closure date was Dec. 31, 2021. | The last patient transferred from YCRP on July 26, 2021. The program officially closed on Aug. 14. Comprehensive finished all close out activities per the ramp down plan. |
| Provide Restoration Treatment at FSCR. P. | Open Building 27. | Complete | <ul style="list-style-type: none"> Identified alternate facility capacity to meet Trueblood compliance. Collaborated with Court parties to open the facility. | <p>On May 8, 2023, the census was 23. The program still has a part-time psychiatrist to assist with intakes when needed, and he carries a caseload of four residents. The current medical director resigned effective April 14. Psychiatric ARNP Jennifer Drake started on May 8 as the lead psychiatric ARNP. Previously, Ms. Drake had worked in the program to cover when one of the prescribers was on leave. To assist with bringing census back up and managing caseloads while the new lead psychiatric ARNP gives their notice to WSH, the program will use a telehealth Locums to carry approximately 10-12 residents during the transition. FSCR. P. currently has a part time Locums psychologist to assist with the existing workload. Recruitment for the second psychologist 4 position continues. There are on-going discussions about changing that position to a psychologist 3, which would be an in-training position for a candidate working on licensure. On July 1, 2022, the state changed the salary range for the psychologist 4 job class to match the forensic evaluator positions. Open recruitments were updated to include the change in salary. To date there has not been qualified applicants.</p> <p>On July 16, 2022, all IC2 positions were reallocated to IC3’s, and the IC3 positions were reallocated to program specialist 3’s. This has helped the recruitment for the floor staff positions.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-------------------------|-------------------------------------|--------------------|---|---|
| | Restore patients to competency. | Ongoing | <ul style="list-style-type: none"> To meet or exceed the restoration rates at both state hospitals. | <p>On July 16, 2022, swing shift RN3, Eudora O’Larey, accepted the RN4 position. Currently, there is one on-call position and two agency RNs filling in for RNs on FMLA.</p> <p>The Jan. 19, 2023 quarterly length of stay report indicates FSCRCP and MLCRCP have very similar lengths of stay for 45-day orders. The length of commitment for the 45-day felony competency orders averages 40.3 days. Refer to Table 16 on page 39. FSCRCP has a longer LOS for 90-day orders than both state hospitals. FSCRCP’s LOS for these orders is comparable to MLCRCP.</p> |
| Implementation of OCRPs | Diversion programs are operational. | Complete | <ul style="list-style-type: none"> Development and implementation of OCRP in the Pierce, Spokane, and Southwest regions. | <p>HCA is actively recruiting for the OCRP program manager position.</p> <p>OCRP currently has three contracted providers in the Phase 1 regions: Frontier Behavioral Health (Spokane region), Greater Lakes Mental Healthcare (Pierce region), and Lifeline Connections (Southwest region). DSHS and HCA provide outreach and education to stakeholders, law enforcement agencies, community providers, and courts on the Forensic Navigator and OCR programs. National averages show that most OCR programs, that were rolled-out in phases, had served approximately 50 defendants per year for the first 7-10 years of their operation, with a monthly average of 4-5 people served per month. Washington state’s OCRP surpassed this national average in 2021 and has not fallen below the average for the 2022 calendar year.</p> <p>OCRP contractors use support funds to assist with transitional housing and acquire additional housing units for OCRP enrolled persons. These housing types include master leasing, respite facility, hotel/motel, and assisting with obtaining and/or maintaining group or independent living solutions. OCRP enrolled</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-------------|-----------------------|---------------------------|--|---|
| | | | | <p>persons also receive priority housing status within the wider Trueblood element programs.</p> <p>DSHS and HCA started a process where people who may receive a second period of restoration services in an RTF can be reviewed by a forensic navigator to determine suitability for transfer to OCRP. People in OCRP access community-based resources and supports while allowing access to inpatient beds more quickly for higher acuity people.</p> <p>Most people ordered to OCRP will not appear in Tables 4c. or 14. Tables 4c. and 14 are restricted to class members, meaning people in jail at the time their competency restoration order is signed. Currently, most people ordered to OCRP are released from jail prior to the court signing the OCRP order. The total number of people enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in the text below within Table 17 of this report.</p> <p>RDA provides periodic OCRP enrollment updates. The revised table counts align with SAR reporting. The counts in this section will not match those in Tables 4c. or 14, which are specific to class members (persons held in jail following an OCRP restoration order, see Tables 4c. or 14, footnote 2).</p> <p>The OCRP providers ceased using Excel spreadsheets in early March and are entering all data in the Navigator Case Management System. DSHS and HCA continue working to migrate the Excel tracker data into the NCM system.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|------|----------------|--------------------|-----------------------------------|---|
| | | | | <p>The Trueblood semi-annual report is the primary reporting mechanism for Trueblood Settlement Agreement implementation programs. Aggregate counts will be provided quarterly in this report for monitoring purposes.</p> <p>The data below is from July 1, 2020 through March 31, 2023:</p> <ul style="list-style-type: none"> • 122 unduplicated individuals enrolled <ul style="list-style-type: none"> ○ 23 active ○ 99 discharged • Reasons discharged: <ul style="list-style-type: none"> ○ 41 opined competent ○ 30 conditional release revoked ○ 13 charges dismissed ○ 4 opined not competent ○ 7 returned to jail ○ 2 inpatient civil psychiatric care ○ 1 opined not restorable ○ 1 other • Discharge location: <ul style="list-style-type: none"> ○ 69 community ○ 11 state hospital ○ 11 jail ○ 1 RTF ○ 7 unknown <p>Source: OCRP provider Excel tracker data and the Navigator Case Management system. See SAR for data definitions: https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood%20Semi-Annual%20Report%20Spring%202023%20-%20Final.pdf</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|-------------------------------------|---|--------------------------------------|--|---|
| | <p>Diversion programs are operational.</p> | <p>Phase 2, July 2021- June 2023</p> | <ul style="list-style-type: none"> Development and implementation of OCRP in the King region. | <p>HCA has expanded the OCRP workgroup to include court partner representatives from Phase 1 and 2 regions to increase outreach, knowledge base, and opportunity for input from those court partners. HCA and DSHS regularly contact the Phase 1 and 2 courts to discuss the OCR and FN programs.</p> <p>Community House Mental Health Agency is the Phase 2 OCRP provider. Although HCA did not meet the target date of March 31, 2022, for OCRP services to begin in Phase 2, Community House started OCRP services in the King region on Oct. 31, 2022.</p> <p>As services have gone live, HCA meets biweekly with Community House to discuss recruitment, training, and other OCRP specific topics and will continue to meet at this new cadence for the foreseeable future per Community House staff request. A temporary limited capacity of three spaces has been lifted and court partners alerted. Process and procedures have been developed between the OCRP providers and forensic navigators in the region to certify adequate space and enrollment in the OCR program is increasing.</p> <p>Community House is also planning on opening a master leased property at which they plan to offer transitional supported housing to OCRP enrolled participants. These temporary placements are in addition to three respite bed placements already available through a Community House group home.</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"> Ensure timely transport of patients to support delivery of competency services as directed in court order. | <p>No issues were raised during this reporting period concerning county transport of patients.</p> |

| Task | Key Milestones | Status / End Dates | Anticipated Outcome & Assumptions | Results Achieved & Barriers to Completion |
|---|-------------------------------------|-------------------------------|--|---|
| Diversion Alternatives | | | | |
| Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment. | Diversion programs are operational. | Ongoing | <ul style="list-style-type: none"> Prosecutor can dismiss criminal charges without prejudice & refer to community-based mental health services. | OFMHS liaison and diversion specialist continues to monitor the programs and provides technical assistance as needed to address barriers. The liaison and diversion specialist has engaged the programs with technical assistance, brainstorming ways to overcome challenges. DSHS continues exploring options for enhancement and expansion of these programs. |

FEB. 8, 2016 COURT ORDER STATUS REPORT/UPDATES

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

Table 18. Court Order Status Updates

| Requirements | Date | Status | Progress Notes |
|---|--------------------------|---------|---|
| 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 require³: | | | |
| C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor. | Beginning April 15, 2016 | Ongoing | Refer to 3C. & 4C. below. |
| 2. Eliminate the backlog of class members currently waiting for in-jail evaluations⁴: | | | |
| E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month ⁵). | April 15, 2016 | Ongoing | Of the 608 jail evaluation orders signed in March 2023, approximately 523 were completed within 14 days, which is 86.0%. This number may increase as the data continue to mature. |
| 3. Implement a triage system to sort class members waiting for in-hospital evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require: | | | |
| C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to CM. | Beginning April 15, 2016 | Ongoing | For additional information, review the Task column in Table 17 labeled "Explore and pursue triage system possibilities" on page 46. |
| 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: | | | |
| C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to CM. | Beginning April 15, 2016 | Ongoing | For additional information, review the Task column in Table 17 labeled: "Explore and pursue triage system possibilities" on page 46. |

³ By agreement with the Court Monitor, long completed requirements 1.A. & 1.B. were removed from *Table 18* beginning with the April 2020 report.

⁴ By agreement with the Court Monitor, long completed requirements 2.A. & 2.B. were removed from *Table 18* beginning with the April 2020 report, and 2.C. & 2.D. were removed from *Table 18* beginning with the May 2020 report.

⁵ 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 |
|--|--------------------------|---------|---|
| 5. Report on the implementation status of the CMS Plan of Correction: | | | |
| B. Reporting on the implementation status in Defendants' monthly reports to the CM. | Beginning March 15, 2016 | Ongoing | <p>DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement ran from Nov. 2, 2017-July 2, 2018 and defense counsel shared it with Dr. Mauch on Nov. 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 Conditions of Participation with CMS. WSH was decertified July 9, 2018. WSH continues to work using Functional Work Teams towards CMS certification. 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 COPs for CMS certification. During the late fall 2022/early winter 2023, the project moved into the detailed design phase where subject matter experts are providing the architects feedback about certain details (e.g., power outlets, internet connections). The project is slated to enter the demolition phase during summer or fall 2023. The legislature is looking at funding options as the project moves forward.</p> |
| 6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March: | | | |
| C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the CM. | Beginning April 15, 2016 | Ongoing | <p>DSHS entered into a second SIA with CMS. This agreement ran from Nov. 2, 2017-July 2, 2018 and defense counsel shared it with Dr. Mauch on Nov. 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. WSH was decertified July 9, 2018. WSH continues to work using FWTs towards CMS certification. PSHB Sec. 204 budgeted</p> |

| <i>Requirements</i> | <i>Date</i> | <i>Status</i> | <i>Progress Notes</i> |
|--|----------------|---------------|---|
| | | | for the 30 beds at WSH and was completed prior to CMS decertification. |
| 8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds: | | | |
| D. Executing contracts for implementation by the selected providers. | April 15, 2016 | Complete | Prosecutorial diversion was funded for FY'23 effective July 1, 2022-June 30, 2023. |
| 10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system: | | | |
| 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 | Project governance has established a normal data / reporting meeting with RDA, OFMHS, and the project technical team. 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. |

JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

The three status updates required in the July 7, 2016 Court Order are below:

- (1) Monetary sanctions – fines are imposed on a per class member, per day basis. On the 15th of every month, DSHS is required to submit contempt fines data to the Court. These data were submitted to the Court on August 15, 2016 and will be included in this report, when finalized each month, as Appendices I, J, and K (if applicable);*
- (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.*

AUG. 15, 2016 ORDER MODIFYING PERMANENT INJUNCTION AS TO IN JAIL COMPETENCY EVALUATIONS

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 FDS on Aug. 1, 2018. The system's design provided for data elements needed to report to the courts including implementation of the new forensic algorithm waitlist. Data was migrated from existing systems and provided the starting point for DSHS on Aug. 1. The project team continues to support FDS and its users to provide increased data granularity for reporting out of a new system.

The Forensic Advisory Committee meets semi-monthly and provides business process clarification and recommendations to the technical team. FAC also provides input during ongoing system optimization and future enhancements. Their recommendations are referred to the Governance Committee when appropriate. Governance meets at least monthly to monitor status, render final decisions on key topics, and prioritize future functionality ensuring that IT project work aligns with the needs of the Court and other stakeholders.

APRIL 26, 2017 ORDER ADOPTING THE PARTIES' MEDIATED SETTLEMENT AGREEMENT

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*

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

- (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 G.

APPENDICES

Appendices A-G: DATA TABLES; CLASS MEMBER EVALUATION/RESTORATION INFORMATION; CLASS MEMBER RESTORATION INFORMATION FOR THE MAPLE LANE AND 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 H: OUTLIERS AND DELAY COMMENTS

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

APPENDIX I: CALCULATION OF INPATIENT CONTEMPT FINES

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

APPENDIX J: 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 K: CALCULATION OF OUTPATIENT CONTEMPT FINES (IF APPLICABLE)

This file is submitted with the FINAL report only and contains the calculation of outpatient contempt fines data (Appendix K only appears in the report during months where outpatient contempt fines are accrued.).

APPENDIX L: GOOD CAUSE EXCEPTIONS

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