



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
REQUEST FOR INFORMATION 1512-555  
REGARDING COMPETENCY RESTORATION SERVICES**

**Amendment #3**

RFI 1512-555 is hereby amended as follows:

1. The following paragraph is added to the RFI, to provide clarification regarding what is referred to in the RFI document as "Model 1":

Respondents should assume that under Model 1, the Contractor's role will be the professional service component for the Competency Restoration Program. Contractor's professional service team may include psychiatrists, psychologists, social workers, advanced practice nurses, physician assistants, registered nurses, licensed practical nurses, recreational therapists and pharmacists. In addition, Contractor's team would include lead personnel who provide supervisory and administrative management and direction of Contractor's Competency Restoration services.

If the Maple Lane facility is used as a site for competency restoration services, the state of Washington will provide staff members needed for food, janitorial, laundry, security and facility management services. These staff roles may include mental health technicians, patient safety attendants and security personnel.

2. DSHS has received inquiries about responsibility for providing medical services beyond those services that are integral to competency restoration services. This is an issue that may be resolved differently under different models. Respondents are requested to state their assumptions. The resolution of this issue will be addressed during negotiations if a contract is pursued.
3. A summary of the information provided at the Information Session held on June 26, 2015 is attached and is incorporated into this Amendment.

## Summary of Questions and Answers Addressed at Information Session Held on June 26, 2015.

Please Note: This document endeavors to provide a summary of the information that was provided by DSHS representatives at the Information Session held on June 26, 2015. It is not a verbatim transcript. In the event DSHS determines that it will contract for competency restoration services, DSHS reserves the right to update, supplement or revise any of the information set forth in this Summary to reflect more current planning and information.

**DSHS Resources In attendance: Jane Beyer, Kathy Marshall, Kelci Karl-Robinson, Vann Smiley, Bryan Zolnikov, Ph.D., Tim Hunter, Danielle Cruver, Dennis Malmer, Barbara Hawkins, Victoria Roberts (via video conference)**

Introduction: Assistant Secretary Jane Beyer discussed the timelines imposed under the *Trueblood* decision and the determination of DSHS that it will need approximately 90 additional beds in order to comply. She indicated that DSHS is working on the addition of 45 beds at WSH and 15 beds at ESH, which are in the state budget. DSHS is determining options to further supplement these expanded state resources. Senate Bill 5177 authorizes the establishment of alternative sites beyond the two state hospitals for the provision of competency services. DSHS is conducting due diligence to explore all options, including those that may be identified through this RFI.

### Model

1. Is there a required model, curriculum or EBP (evidence based practice) for this project?

Answer: The State Hospitals utilize the Florida Competency Kit (2011 revised) which is an evidenced based practice that assists patients in being educated regarding the legal system, interfacing with the court and courtroom processes. It has been adapted to Washington Law. The Gingritsch and Muesser Illness Management and Recovery program is used to support the consumer's psychiatric symptom management.

In looking at crafting a model, DSHS would not be prescriptive but there are some components any program would need to have. Each patient must have an assessment to determine his or her specific barriers to competency and an individualized treatment plan must be developed to address those specific barriers.. As soon as it looks as though the patient is approaching competency, there must be a mechanism to promptly queue another evaluation. Also, once a patient is deemed competent to stand trial, mechanisms must be in place to expeditiously transport that patient back to stand trial. DSHS would welcome other ideas but they must meet these core concepts.

DSHS wants to adopt a consistent competency restoration program across all its service locations. It will be necessary for providers to work closely to develop a model. Currently ESH uses a model that is different from WSH and DSHS hopes to look at best practices and welcomes recommendations based on vendor expertise.

2. Please provide details on the kind of state owned facility being considered in Model 2 and 3?

Answer: DSHS has identified one state facility as a possible site for competency services, which is Maple Lane School, a former center for youth adjudicated with serious crimes which closed in 2012. The Department of Corrections presently controls the Maple Lane campus. DSHS has identified one cottage on this campus as a potential site for up to thirty patients to receive court ordered competency services. If Maple Lane will be used for this purpose, a special use permit is required. DSHS recently published a 90 day notice in local newspapers and on July 22, 2015, DSHS will be

presenting to the local school board. A formal application would need to be submitted at the end of the 90 days period. DSHS may consider some time of collaboration with Green Hill School nearby in order to share services.

3. Will medication management services by a psychiatric ARNP or Pharm D. be allowed?

Answer: Since a psychiatric nurse practitioner or a physician assistant can prescribe psychotropic medications in Washington, either would be acceptable staff for prescribing within the Program. DSHS will need to look into the question about Pharm D.s and may share additional information.

4. How will non psychiatric medical services be paid for/ provided?

Answer: It would depend on the specific Program location and arrangements. For example, if Maple Lane is used as a site for the Program and if medical services are available at nearby Green Hill, there may be an opportunity for Maple Lane to utilize services provided at Green Hill. In an emergency the patient will need to be taken to the nearest emergency room. Note that the admission criteria for the program will screen out patients who are medically compromised, who would be routed to WSH. DSHS will investigate this issue further in the event a contract is negotiated in the future.

5. What are the roles of the program and state hospital evaluators?

Answer: There is a bright line between the state evaluators who do evaluations of competency and providers of competency restoration services. Restoration services are treatment services. Forensic evaluators are involved for the specific purpose of performing an evaluation of competency to stand trial. DSHS evaluators from WSH would come to the Program location when it is appropriate to conduct evaluations. A contractor would not be responsible for evaluation services.

6. Will men and women be assigned to separate facilities or is it planned that facilities will accept both men and women?

Answer: A vendor would be asked to serve all genders. Men and women may be housed on coed wards, provided that men will first be evaluated for risk of endangering behavior toward women before they are assigned to a coed ward. Certain criminal backgrounds such as sex offenses would preclude admission to the program.

#### **Process for Admitting, Transferring and Discharging Patients**

7. Will any of the admissions be transferred from one of the State hospitals?

Answer: It is conceivable that this would occur.

8. What will the admission and exclusion criteria be for the program?

Answer: Admission and exclusion criteria have not yet been developed. However, we anticipate that screening criteria would include consideration of psychiatric acuity and also of safety factors. Highly acute patients would likely be served at the state hospital rather than an alternate setting. Screening for acuity would be done before patients are transferred from the jails. DSHS expects that the program would be carried out in a secure facility, but screening for eligibility would still consider safety considerations. SB 5177 provides for DSHS to develop criteria for these competency restoration services. An admission screening may be performed in the jails that is separate from the CST evaluation, but is based on information from the clinical and record reviews that the forensic (CST) evaluators compile.

9. If a patient needs a higher level of care than is available in the competency restoration program, what mechanism will there be to transfer that individual to a state hospital?

Answer: A standard referral mechanism will be set up. In cases of certain high risk behaviors, this mechanism will provide for immediate transfer to a state hospital.

10. If a patient is not compliant with medications or program attendance, will there be a mechanism for transferring them back to the state hospitals?

Answer: Yes

11. If an individual is not restorable to competency, what will be the process for informing the court and transferring the patient to another setting?

Answer: In monitoring a patient's progress, it may be found that certain barriers are permanent in nature. A referral would be sent for a forensic evaluator to evaluate and report to the court. The court may order that the individual be transferred to another facility or released to the community.

12. Will there be any discharges from the Program to the community; e.g., if charges are dismissed?

Answer: Once a patient is admitted to care under a competency restoration order, they are typically restored and then go to stand trial for their charges. If charges are dismissed, it is possible that the patient would be evaluated for civil commitment.

13. What is the mechanism for transferring individuals who have been deemed non restorable back to the State hospital?

Answer: The mechanism for transferring patients deemed not restorable back to the state hospital is based upon a forensic evaluation and opinion. The patient would be moved out of the competency restoration program and there will be a determination about what is the next step.

Follow up question: Would the county be responsible for coming to pick the patient up.

Answer: Yes.

#### **Interactions with Judicial System**

14. What will the process be for providing formal evaluations to the court?

Answer: Competency Restoration providers would not be responsible for this function which is performed by DSHS forensic evaluators.

15. Will staff be expected to travel to and provide testimony in court proceedings across the state?

Answer: No.

16. When an individual is believed to be restored to competency will the State reevaluate them or will the Contractor do the assessment and court report?

Answer: The state will perform this function through its forensic evaluators who will then report to the court. The court makes the legal determination and if it determines the individual is competent to stand trial, the individual will likely remain in the county jail awaiting trial or, if the court determines the individual is in fact not competent, the court may order the individual sent back to the program to a state hospital, or released into the community

### **Questions about the Forensic System/Process**

17. Is DSHS responsible for restoring competency to individuals charged with both felonies and misdemeanors?

Answer: Yes. However, the overwhelming majority of patients in this program are charged with felonies.

18. Will the State or Contractor determine what patients are appropriate for the Competency Restoration Program and arrange for admission?

Answer: DSHS will define eligibility criteria for where an individual will receive competency services, subject to the court's orders.

### **Licensing and Certifications**

19. What licensing and certification will be required of the program? DSHS? DOH? Other?

Answer: DSHS works with DOH (Washington State Department of Health) on these types of facilities. DOH licenses mental health residential treatment facilities. DSHS will certify competency evaluation and restoration treatment facilities, which is a new category for DSHS. Draft rules are written. It is likely we will file these under an emergency rulemaking process around August 1, for a 10/1/15 effective date. On the DSHS website, under BHSIA, then DBHR, there is a link for rule making where these can be viewed. <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/stakeholder-notices-rules-rule-making-activities>

DOH conducts a construction review of facilities. DSHS would provide these review services if the facility were a state facility and otherwise would provide technical assistance to DSHS Administrations with regard to facilities seeking licensure to serve DSHS patients.

Follow up question: Has the construction review been completed for Maple Lane?

Answer: A preliminary review has been performed at this time, pending the permitting process. This review identified several items that will need to be brought up to functional operating capacity. DSHS has not completed the detailed feasibility review of what is needed to meet provider operating needs if this facility will be used for competency restoration services. We will need to know more about the provider's program but will likely need to significantly upgrade the information technology and phone infrastructure and review the building configuration for administrative, offices and training space. It is expected that this will be pursued after the permitting process is completed.

Follow up question: What if a provider identifies a facility other than the Maple Lane School. How would DSHS be involved in looking at the facility.

Answer: DOH would do a walk-through if it is a residential treatment facility. DSHS would review if it is operated as an evaluation and treatment facility. DSHS Operations Support Services Division

would not be involved in non-DSHS facilities except to the extent it provides consultation if there are DSHS concerns.

### **General**

20. Will there be a contract monitor for the Program? If so, what will be their role and responsibilities?  
Answer: Yes. In the planned budget, there is a position that will work on Quality Assurance, contract monitoring and management.

### **Medical Services**

21. Under Model 1, would the State of Washington provide general medical services?  
Answer: DSHS will provide additional clarification on this issue in the event a contract is pursued.

### **Data Questions**

22. How many individuals are currently on the waiting list to receive competency restoration services at WSH? ESH?  
Answer: This information must be provided as of a point in time. As of last Friday, 27 for WSH and 12 for ESH. 1 of the 27 individuals waiting for transfer to WSH was charged with misdemeanors; 2 of the 12 individuals waiting for placement at ESH were charged with a misdemeanor.
23. What is the average days to restoration at WSH? Answer: 91  
ESH? Answer: 90
24. How many beds at ESH are currently used to provide competency restoration services?  
Answer: This is a fluid number that must be reviewed as of a point in time. On June 15, there were 18 beds being used at ESH for competency restoration services. There were 99 beds being used for this purpose at WSH.
25. How many additional beds does the Department anticipate opening at ESH?  
Answer: 15
26. How many individuals were found incompetent to stand trial for each of the past three years?  
Answer: 2012: 260; 2013: 320; 2014: 322  
Total: 902
27. What are the top ten counties from which individuals are found incompetent to state trial? How many individuals were found IST from each of these counties last year?  
Answer: See attached chart.
28. Does the Department anticipate the envisioned program having a defined catchment area, being used as an overflow hospital or some other approach for determining placements?  
Answer: Not at this point. However, eligibility criteria that are being developed may include geographic location as a factor, since family location may be important to permit visitation.

**RESTORATIONS - NOT COMPETENT OPINIONS - BY COUNTY**

(Opinions are reviewed by the court; the judge makes the final restoration decision)

**Average Length of Stay in Days of  
Patients Discharged in 2014 with a  
Restoration Discharge Legal Authority  
(County at Discharge)**

COUNTY	2012	2013	2014	TOTAL	AVG PER YEAR	
ADAMS	0	0	2	2	0.7	
ASOTIN	0	0	1	1	0.3	44.0
BENTON	9	8	5	22	7.3	54.1
CHELAN	7	2	3	12	4.0	63.4
CLALLAM	2	1	0	3	1.0	82.5
CLARK	10	18	20	48	16.0	91.0
COLUMBIA	0	0	0	0	0.0	
COWLITZ	8	14	6	28	9.3	108.7
DOUGLAS	0	0	1	1	0.3	
FERRY	0	2	0	2	0.7	
FRANKLIN	5	4	1	10	3.3	72.3
GARFIELD	1	0	0	1	0.3	
GRANT	0	6	3	9	3.0	
GRAYS HARBOR	3	3	7	13	4.3	93.5
ISLAND	0	2	5	7	2.3	116.5
JEFFERSON	2	1	2	5	1.7	77.0
KING	65	90	102	257	85.7	92.5
KITSAP	14	12	15	41	13.7	81.5
KITTITAS	0	0	0	0	0.0	31.0
KLICKITAT	0	0	0	0	0.0	
LEWIS	2	4	9	15	5.0	109.3
LINCOLN	0	2	0	2	0.7	
MASON	10	4	3	17	5.7	91.4
OKANOGAN	3	1	2	6	2.0	
PACIFIC	0	1	2	3	1.0	117.3
PEND OREILLE	0	1	0	1	0.3	
PIERCE	43	41	67	151	50.3	97.2
SAN JUAN	1	0	0	1	0.3	
SKAGIT	4	7	2	13	4.3	93.1
SKAMANIA	0	0	1	1	0.3	121.5
SNOHOMISH	24	31	35	90	30.0	83.3
SPOKANE	13	18	9	40	13.3	51.4
STEVENS	0	1	0	1	0.3	
THURSTON	19	26	14	59	19.7	73.8
WAHIAKUM	0	0	0	0	0.0	
WALLA WALLA	0	0	0	0	0.0	34.0
WHATCOM	6	4	3	13	4.3	77.4
WHITMAN	0	0	0	0	0.0	
YAKIMA	9	16	2	27	9.0	44.8
<b>STATE TOTAL/AVG</b>	<b>260</b>	<b>320</b>	<b>322</b>	<b>902</b>	<b>300.7</b>	<b>80.1</b>