REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations
Performance Targets – First Quarter 2016
(January 1, 2016-March 31, 2016)

Substitute Senate Bill 6492, Section 2(3)
Chapter 256, Laws of 2012
(RCW 10.77.068(3))

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EXECUTIVE SUMMARY

On May 1, 2012, Substitute Senate Bill 6492 added a section to chapter 10.77 RCW that established performance targets for the “timeliness of the completion of accurate and reliable evaluations of competency to stand trial and admissions for inpatient restoration services related to competency to proceed or stand trial for adult criminal defendants.” These targets were codified under RCW 10.77.068 and phased in over six months to one year.

After full implementation of each performance target, the bill required the Department of Social and Health Services (DSHS) to report to the executive and the legislature following any quarter in which it does not meet the performance target. This reporting must address (1) the extent of the deviation, and (2) any corrective action being taken to improve performance.

On July 24, 2015, Substitute Senate Bill 5889 amended RCW 10.77.68. The bill retained the performance targets for competency services but added to these a set of “maximum time limits” phased in over one year. After full implementation of the maximum time limits, SSB 5889 required DSHS to report to the executive and the legislature following any quarter in which it does not meet each performance target or maximum time limit.

As a result of these two bills, current performance targets and maximum time limits under RCW 10.77.068 are as follows:

(i) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized evaluation services related to competency, or to extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial:
   (A) A performance target of seven days or less; and
   (B) A maximum time limit of fourteen days;
(ii) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized inpatient restoration treatment related to competency:
   (A) A performance target of seven days or less; and
   (B) A maximum time limit of fourteen days;
(iii) For completion of a competency evaluation in jail and distribution of the evaluation report for a defendant in pretrial custody:
   (A) A performance target of seven days or less; and
   (B) A maximum time limit of fourteen days, plus an additional seven-day extension if needed for clinical reasons to complete the evaluation at the determination of the department;
(iv) For completion of a competency evaluation in the community and distribution of the evaluation report for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation, a performance target of twenty-one days or less.

Sections (1)(b) of RCW 10.77.068 establishes the beginning and end points for applying the performance targets and maximum time limits set forth above. Section (1)(c) identifies six
conditions that shall serve as defenses to an allegation that the department has exceeded the maximum time limits.

As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets in Quarter 1 of 2016 (January 1, 2016-March 31, 2016), and describes the hospitals’ plans to meet these performance targets. Compliance with the maximum time limits will be addressed in future quarterly reports following their full implementation in July 2016.

COMPETENCY EVALUATION AND RESTORATION DATA
RCW 10.77.068(1)(a)(i) establishes a performance target for a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized evaluation services related to competency, or to extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial in seven days or less. Figure 1 below shows results for in-patient competency evaluation cases, and figure 2 shows results for post-dismissal referrals.

Figure 1

<table>
<thead>
<tr>
<th>Inpatient Competency Evaluations</th>
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<tr>
<td>Average days from complete referral (discovery received) to bed offer</td>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Referral Total</th>
<th>Avg Days ESH</th>
<th>Avg Days WSH</th>
<th>Avg Days State</th>
<th>Target</th>
</tr>
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<tr>
<td>2013-4</td>
<td>42 referrals total</td>
<td>120.3</td>
<td>85.1</td>
<td>41.2</td>
<td>7</td>
</tr>
<tr>
<td>2014-1</td>
<td>51 referrals total</td>
<td>41.8</td>
<td>59.3</td>
<td>36.7</td>
<td>7</td>
</tr>
<tr>
<td>2014-2</td>
<td>56 referrals total</td>
<td>67.6</td>
<td>41.8</td>
<td>37.0</td>
<td>7</td>
</tr>
<tr>
<td>2014-3</td>
<td>51 referrals total</td>
<td>75.0</td>
<td>59.3</td>
<td>34.7</td>
<td>7</td>
</tr>
<tr>
<td>2014-4</td>
<td>45 referrals total</td>
<td>81.2</td>
<td>67.6</td>
<td>36.9</td>
<td>7</td>
</tr>
<tr>
<td>2015-1</td>
<td>47 referrals total</td>
<td>21.8</td>
<td>15.3</td>
<td>36.1</td>
<td>7</td>
</tr>
<tr>
<td>2015-2</td>
<td>45 referrals total</td>
<td>21.8</td>
<td>15.3</td>
<td>35.5</td>
<td>7</td>
</tr>
<tr>
<td>2015-3</td>
<td>57 referrals total</td>
<td>44.0</td>
<td>28.5</td>
<td>24.4</td>
<td>7</td>
</tr>
<tr>
<td>2015-4</td>
<td>56 referrals total</td>
<td>66.9</td>
<td>25.6</td>
<td>20.0</td>
<td>7</td>
</tr>
<tr>
<td>2016-1</td>
<td>75 referrals total</td>
<td>44.0</td>
<td>30.6</td>
<td>15.7</td>
<td>7</td>
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</table>
RCW 10.77.068(1)(a)(ii) establishes a performance target for a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized inpatient restoration treatment related to competency in seven days or less. Figure 3 below shows results for competency restoration cases.

RCW 10.77.068(1)(a)(iii) sets a performance target that competency evaluations for a defendant who is in jail will be completed and distributed within seven days or less. Figure 4 shows results for this reporting period.
RCW 10.77.068(1)(a)(iv) sets a performance target that competency evaluations for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation will be completed and distributed within twenty-one days or less. Figure 5 shows results for this reporting period.

**Figure 4**

![Jail-Based Competency Evaluations](image)

**Figure 5**

![Community-Based (PR) Evaluations](image)

**DISCUSSION OF RESULTS**

The data displayed above reflects significant but limited progress in the past year for improving the timeliness of forensic services. Early progress reflects significant investments in forensic services in the 2015-17 biennium that have allowed us to expand capacity for competency evaluation and restoration services. However, work to fully meet the performance targets and
maximum time limits, particularly for inpatient services, will continue as DSHS pursues its plans of adding capacity in these areas.

Following the April 2, 2015, decision by the U.S. District Court for the Western District of Washington in the *Trueblood v. DSHS* litigation, we have provided detailed public updates on our progress in a monthly report to the Court-Appointed Monitor, Dr. Danna Mauch. These reports are available on the DSHS website at the following address: [https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/trueblood-et-al-v-washington-state-dshs](https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/trueblood-et-al-v-washington-state-dshs)

In addition to these monthly reports, DSHS has submitted a Long-Term Plan to the Court in July, 2015 which outlines DSHS’s plans for coming into compliance with the timelines established in the *Trueblood* decision. On February 8, 2016, the Court issued an order modifying the original April 2, 2015 order, providing a new timeline requiring full compliance as of May 27, 2016. Pursuant to the Court’s February 8, 2016 order, DSHS revised the original Long-Term Plan to summarize progress since the original *Trueblood* order, and to address plans for meeting the February 8, 2016 order. The revised plan was submitted to the Court on May 6, 2016, and subsequently will be provided on request.

Efforts to improve the timeliness of forensic services and reach compliance with the *Trueblood* decision over the last year include the following:

- Creating a new Forensic Evaluator classification with increased pay to facilitate the hiring of eleven additional evaluators for a total of 43. There are 43 filled forensic evaluator positions at present. The addition of these evaluators is primarily responsible for reducing wait-times for jail-based evaluations to a state-wide median of 8 days and an average of 10 days.
- 15 beds were added at Western State Hospital, 27 beds at Eastern State Hospital to support forensic services, and the implementation of two new contracted facilities to provide additional restoration capacity for 54 beds on a temporary basis while additional capacity is built at the state hospitals.
- Hiring additional headquarters staff to support the Office of Forensic Mental Health Services including a liaison and diversion specialist (hired on 09/04/15), a Trueblood project manager (hired on 10/27/15), a compliance reporting specialist (hired on 10/16/15), workforce development manager (hired on 04/18/16), quality assurance manager (hired on 04/18/16, and a Director of the Office of Forensic Mental Health Services (hired on 05/04/16).
- Taking substantial steps toward the development of a new Forensic IT System including the completion of a data dictionary, design of an infrastructure schematic, completion of an initial database diagram and preliminary workflow diagram, and drafting of an initial system requirements document.
- Improving monthly Trueblood compliance reporting data through consistent monthly analysis of data, identification and resolution of anomalies to ensure improved data reporting and reliability.
- Making systemic improvements to improve evaluator access and efficiency through outstationing evaluators at key high-volume locations, improving system collaboration through the work of our liaison and diversion specialist, developing technological solutions for videoconferencing, and streamlining the in-custody evaluation process.
The department’s plans for continuing to improve the timeliness and quality of forensic services fall into four broad categories. These are:

1. Increase evaluation capacity and improve quality, in terms of more timely access to defendants to conduct evaluations;
2. Explore possible expansion of bed capacity for competency restoration treatment, inside and outside the state hospitals;
3. Develop more robust and reliable data systems to better forecast demand for services and monitor program performance; and
4. Create opportunities to safely divert people with mental illness from arrest, prosecution or incarceration.

Further corrective action to improve the timeliness of Forensic Services are detailed in the department’s monthly reports and Long-Term Plan referenced above.