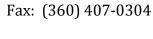
## Report to the Legislature

# Timeliness of Services Related to Competency to Proceed or Stand Trial 2013 Annual Report

SSB 6492, C256, L12, Sec 2(4)

May 2014

Behavioral Health and Service Integration Administration
Division of State Hospitals
PO Box 45050
Olympia, WA 98504-5050
(360) 725-2260





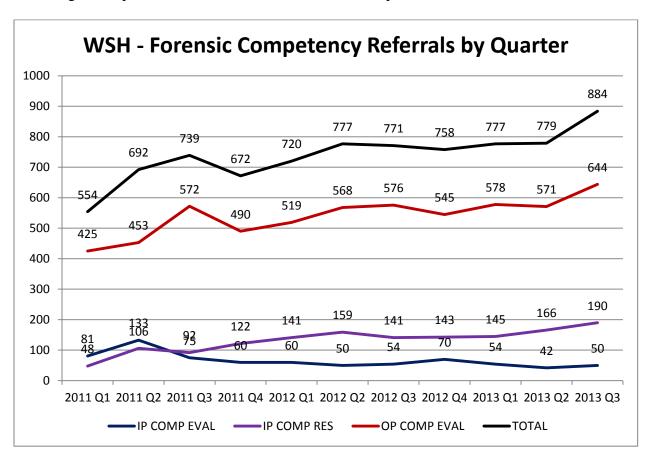
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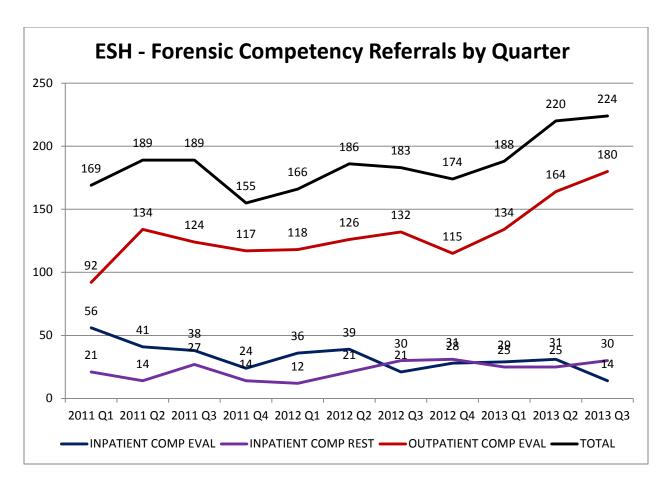
## **BACKGROUND**

Senate Bill 6492, now codified in The Revised Code of Washington (RCW) 10.77, was enacted to improve the timeliness of competence evaluation and restoration services. RCW 10.77.068 sets forth specific performance targets related to evaluating competence and offering restoration services.

The Department cares deeply about the well-being of individuals with mental illness who have been arrested and referred for competency evaluation/restoration services, and we realize that jails are not currently a therapeutic environment. We have had challenges from initial implementation of this legislation during a time of fiscal cuts and shortages, compounded by ever-increasing referrals for competency evaluation and orders for restoration treatment. The following charts provide referral trends for both State Hospitals:



In the third quarter of 2013, Western State Hospital (WSH) received 884 pretrial evaluation and restoration referrals, which is an increase of almost 13% when compared to the third quarter of 2012. There has been more than a 37% increase in referrals since the first quarter of 2011, yet the number of allotted evaluator positions has remained constant.



In the third quarter of 2013, Eastern State Hospital (ESH) received 224 pretrial evaluation and restoration referrals, which is an increase of over 18% when compared to the third quarter of 2012. There has been more than a 24% increase in referrals since the first quarter of 2011, yet the number of allotted evaluator positions has remained constant.

While serious fiscal challenges continue for the state hospitals today, given the constant demand for admissions and treatment for both civil and forensic services, our new Chief Executive Officers have put the adult state hospitals on a path to improvement. Ron Adler started at WSH in June 2013 and Dorothy Sawyer started at ESH in August 2013. To meet the statutory timeframes established by SB 6492, the hospitals, under the direction of the CEO's, and headquarters staff have completed or are planning to take the following actions within existing resources; however additional progress in some key areas will require additional funding:

- To reduce wait time for inpatient restoration and maximize the use of forensic beds, we reorganized the WSH Center for Forensic Services (CFS) management structure to support increased accountability for restoration. WSH created a clinical director specific to forensics (effective date: November 2013). ESH's FSU management structure and/or duties will be reorganized to support increased accountability for restoration.
- Evidence Based Practice for Competency Restoration will be adopted across both adult state hospitals (anticipated date: December 2015).

- WSH began increasing staff training on forensic specific behavioral interventions to improve the effectiveness of treatment and support the timeliness of discharges.
- A Lean Value Stream Mapping (VSM) event was held March 17-21, 2014 for WSH's CFS, with 30, 60, 90 day follow-ups currently taking place. This VSM focused on streamlining and improving the: admission processes, transfer processes and discharge processes. The process of admitting, transferring, and discharging patients from the CFS used to take 53 hours of staff time. The new process is expected to take only 17 hours, which is nearly a 70% improvement in efficiency, allowing more time for patient specific care.
  - O This VSM led to a number of planned changes that will be implemented over the period of the next six to nine (6-9) month's contingent on availability of additional staffing. Some of these planned changes include the creation of a CFS Transition Center and the utilization of Peer Counselors. The expected changes will result in improved safety for patients and staff, better patient outcomes, and more timely response to the needs of the courts.
- To reduce/eliminate redundant evaluations for incompetent to stand trial (non-restorable) persons and misdemeanants, headquarters and hospital staff are setting up meetings with counties and cities to provide training for attorneys on how they apply competency evaluation standards and what is an appropriate referral. Projected meetings with the courts, defense and prosecution:
  - o King County May 2014
  - o Snohomish June 2014
  - o Clark June 2014
  - o Pierce July 2014
  - o Kitsap July 2014
  - o Whatcom August 2014
  - o Spokane August 2014
  - o Benton September 2014
  - o Franklin September 2014
- To increase jail based evaluations (and move staffing to support referral rates and locations) we are increasing communication to our referral sources about appropriate referrals for in-hospital vs. in-jail/community competency evaluations.
- We are currently researching the most efficient ways to maximize forensic evaluator staffing to decrease jail wait time. Discussions around double filling positions to work through backlog will require additional funding. We are interested in expanding outstationing (similar to WSH's North Regional Office) to Southwestern Washington and Eastern Washington (based on referrals rates) and are researching staffing levels needed to meet increased referrals. Once that research is complete, we will meet with those selected geographic areas to discuss options for placement of evaluators.

In April 2014, the Joint Legislative Audit and Review Committee (JLARC) presented their audit on Phase II of the Competency to Stand Trial audit. While we agreed that JLARC's recommendations would improve the timeliness of services, we do not want to give the impression that we can achieve the statutorily determined timeframes as a result of SB 6492, or the recommendations from JLARC, without additional resources.

Presently we have three (3) State Hospital HQ staff devoted to all state hospital tasks, with one (1) who staffs forensic specific issues. This is unsustainable and substantial increases in staffing are needed. The primary reason for being able to achieve the improvements that we've accomplished to date, within existing resources is because our existing staff have been able to benefit from knowledge, relationships, and experiences that have been cultivated through many years of work specific to forensic services. We cannot address this problem fully without significant additional resources devoted solely to forensic services.

JLARC's report contained five recommendations from JLARC. To fully implement the five recommendations, additional staffing is necessary.

#### Recommendation 1

Develop and implement a service delivery approach and staffing model to meet the targets.

- DSHS is currently working with a contracted forensic consultant group, who is reviewing the current delivery system of forensic mental health services in Washington State, and will be providing recommendations as to whether and how the state's forensic mental health system should be modified.
- On August 1, 2014, DSHS must submit a report regarding the recommendations of the independent consultant to the governor and the relevant fiscal and policy committees of the legislature.
- We anticipate that the second consultation included in the JLARC recommendations can build upon the recommendations of the forensic consulting group and will focus on providing detailed service delivery approaches and staffing models needed for implementation of the recommendations.

#### Recommendation 2

Improve performance reporting – We are requesting one (1) new position.

• <u>Information Technology Systems/Applications Specialist 6 (ITS 6).</u> This position will be focused on collecting and analyzing data from all three state hospitals so that it can be presented in a uniform manner. This position will ensure consistency between the state hospitals' data collection and analysis. This position will be accountable for the consistency and accuracy of all data for legislative reports, legislative requests, and will create uniform databases specific to required forensic data collection.

#### Recommendation 3

Address non-compliance with statutory requirements – We are requesting four (4) new positions.

• <u>Forensic Evaluators</u>. Given current waitlist numbers and increasing referral trends, DSHS will need funding to create 3.0 additional FTE forensic evaluator positions. We are evaluating current forensic psychologist recruitment and retention challenges in the context of upcoming collective bargaining for the 2015-17 biennium.

- o <u>WSH</u> In order to meet waitlist demands and statutory requirements, WSH requires 2.0 additional FTE forensic evaluators to support efforts in meeting statutory timeframes.
- o <u>ESH</u> Given that there is one (1) vacancy, and ESH is currently staffed at a level that lends itself to increases in the waitlist, ESH will enhance recruitment efforts for this vacant position and requires an additional 1.0 FTE forensic evaluator to support efforts in meeting statutory timeframes.
- <u>State Hospital Forensic Services Integration Manager</u>. This position will be based out of HQ and will be focused on creating and reviewing policies and procedures from all state hospitals to ensure forensic specific policies and practices are uniform, including forensic evaluation and competency restoration. This position also will be involved in creating and implementing consistent peer review processes for forensic evaluations.

#### Recommendations 4 and 5

Improve collaboration between key system partners and establish ongoing training - We are requesting one (1) new position.

• State Hospital Forensic Services External Relations and Training Manager. This position will be based out of HQ and should be created to focus on the tasks associated with recommendations 4 and 5. This position will facilitate meetings and develop ongoing collaborative approaches specific to the forensic operations of the three state hospitals. This position will also be tasked with developing and providing internal and external training specific to forensics.

#### COMPETENCY EVALUATION AND RESTORATION DATA

RCW 10.77.068(1)(a)(i) requires the state hospitals to extend an offer of admission to a defendant in pretrial custody for legally authorized treatment or evaluation services related to competency, or to extend an offer of admission for legally authorized services following dismissal of charges based on incompetent to proceed or stand trial in seven days or less.

Both WSH and ESH have been unable to regularly meet this target. The increase in the number of offsite competency evaluations has been greater than anticipated based on past years' numbers. These increases in competency evaluations correlate to increases in competency restoration orders, thereby increasing admission referrals to each of the adult state hospitals. Competency restoration admissions take precedence over competency evaluation admissions.

RCW 10.77.068(1)(a)(ii) requires a competency evaluation in jail and the distribution of the evaluation report to be completed within seven days or less.

Both WSH and ESH have been unable to regularly meet this target. Given the current rates of referral and staffing levels, competency evaluations for defendants in pretrial custody are scheduled out several weeks, which is beyond the seven day mandate.

RCW 10.77.068(1)(a)(iii) requires the 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 within twenty-one days or less.

Both WSH and ESH have been unable to regularly meet this target. Competency evaluations for defendants out of custody continue to take a considerable time to schedule. Hospital staff or forensic evaluators coordinate appointments with the attorney and the defendant. There are occasions where the defendant is not in contact with their attorney of record, which delays the scheduling process. On occasion the attorney is not available when the evaluation is first attempted for scheduling, and this further delays the process.

The legislature further set forth two sets of reporting requirements. The first requires a report for any quarter in which targets were not met (RCW 10.77.068(3)) and the second requires an annual report describing timeliness of services (RCW 10.77.068(4)). This 2013 annual report describes the timeliness of services with the data presented by county.

The tables captioned <u>Inpatient Competency Referrals</u> and <u>Outpatient Competency Referrals</u> describe the number of days counties took to complete a referral, from the time the order was signed to the time the county forwarded all documents necessary for a complete referral. This time is outside of the control of the Department of Social and Health Services (DSHS), and contributes to delays in service. The table captioned <u>Inpatient Competency Admissions</u> describes the delay between the hospital receiving a complete referral and offering admission. The table captioned <u>Outpatient Competency Evaluations</u> describes the delay between receiving a complete referral and the date the completed report is transmitted to the court. The data in this table is further broken down as to whether the defendant was in custody (labeled as Jail) or was in the community (labeled as PR, for Personal Recognizance).

### WESTERN STATE HOSPITAL

Western State Hospital's (WSH) Center for Forensic Services (CFS) is a 270 bed facility that provides competency evaluation, competency restoration and treatment for persons determined to be not guilty by reason of insanity (NGRI). It serves 19 western Washington Counties, with approximately 85% of referrals coming from King, Pierce, Clark, Snohomish, and Thurston Counties. In the past ten years, referrals for forensic evaluation have increased over 80%. The increased rate of referral has corresponded with long wait lists, and an increase in the time that defendants are detained before trial.

Of the 270 beds at CFS, 120 are designated as pretrial evaluation, restoration, and forensic-to-civil conversion beds. Up to 15 competency restoration patients are also housed on one of the four NGRI wards. In 2012, CFS admitted 968 pretrial patients for competency evaluation or restoration treatment. Through the first three quarters of 2013, 798 patients have been admitted. In addition to the inpatient service, Western State Hospital has a corrections and community based service, employing 15 evaluators. The corrections and community based service received 2208 referrals in 2012, and 1793 referrals through the first three quarters of 2013. Through the first three quarters of 2013, referral rates increased over 8% relative to 2012.

As noted in the quarterly reports issued pursuant to RCW 10.77.068(3), Western State Hospital has increased the number of evaluations per evaluator. Recruitment and retention continue as barriers. We are currently staffed for twenty two forensic evaluator positions. During this reporting period, five psychologists left service with Center for Forensic Services. CFS filled three of five positions, with vacant positions sitting open for as long as six months without qualified applicants on the register.

WSH INPATIENT COMPETENCY REFERRALS					
	EVALUATIONS		RESTORATIONS		
COUNTY	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	
CLALLAM	4	1.75	4	3.25	
CLARK	20	5.45	44	4.50	
COWLITZ	0	N/A	21	1.71	
GRAYS HARBOR	1	1.00	12	1.58	
ISLAND	1	8.00	3	0.67	
JEFFERSON	1	11.00	2	1.50	
KING	78	3.36	225	1.43	
KITSAP	3	16.33	28	10.61	
KITTITAS	0	N/A	0	N/A	
LEWIS	3	7.33	18	3.06	
MASON	0	N/A	14	6.14	
PACIFIC	3	5.00	4	10.00	
PIERCE	57	4.16	127	2.99	
SAN JUAN	0	N/A	1	0.00	
SKAGIT	4	3.75	12	11.83	
SKAMANIA	0	N/A	0	N/A	
SNOHOMISH	13	4.15	71	1.62	
SPOKANE	1	6.00	1	1.00	
THURSTON	13	1.92	49	4.20	
WAHKIAKUM	0	N/A	0	N/A	
WHATCOM	10	10.70	10	11.80	

WSH INPATIENT COMPETENCY ADMISSIONS					
	EVALUATIONS		RESTORATIONS		
COUNTY	NUMBER OF BEDS OFFERED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	NUMBER OF BEDS OFFERED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	
CLALLAM	5	36.40	5	20.60	
CLARK	22	31.82	41	19.88	
COWLITZ	0	N/A	19	13.05	
GRAYS HARBOR	1	36.00	10	15.70	
ISLAND	1	1.00	3	8.33	
<b>JEFFERSON</b>	1	19.00	1	19.00	
KING	71	29.66	213	17.43	
KITSAP	3	26.33	26	20.92	
KITTITAS	0	N/A	0	N/A	
LEWIS	5	31.00	18	16.33	
MASON	0	N/A	14	24.79	
PACIFIC	3	33.00	4	24.25	
PIERCE	48	23.08	120	18.15	
SAN JUAN	0	N/A	2	17.50	
SKAGIT	6	27.17	12	16.50	
SKAMANIA	0	N/A	0	N/A	
SNOHOMISH	10	29.00	76	20.97	
SPOKANE	1	55.00	1	20.00	
THURSTON	10	21.10	49	18.02	
WAHKIAKUM	0	N/A	0	N/A	
WHATCOM	10	30.10	10	16.60	

WSH OUTPATIENT COMPETENCY REFERRALS				
	JAIL		PR	
COUNTY	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL
CLALLAM	19	3.32	1	6.00
CLARK	149	4.38	48	4.90
COWLITZ	27	6.52	9	18.11
GRAYS HARBOR	37	2.81	9	8.11
ISLAND	7	10.57	3	4.00
JEFFERSON	3	2.00	3	8.67
KING	821	1.73	264	3.33
KITSAP	59	6.36	19	7.16
KITTITAS	0	N/A	0	N/A
LEWIS	37	3.76	9	1.78
MASON	41	4.49	14	11.64
PACIFIC	7	3.14	0	N/A
PIERCE	294	4.76	62	8.13
SAN JUAN	0	N/A	0	N/A
SKAGIT	28	3.68	10	8.60
SKAMANIA	0	N/A	0	N/A
SNOHOMISH	135	2.27	43	14.19
SPOKANE	2	2.00	0	N/A
THURSTON	106	3.62	33	6.36
WAHKIAKUM	1	0.00	0	N/A
WHATCOM	30	6.23	5	27.80

WSH OUTPATIENT COMPETENCY EVALUATIONS					
	JAIL		PR		
COUNTY	NUMBER OF REPORTS FAXED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	NUMBER OF REPORTS FAXED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	
CLALLAM	16	23.25	1	216.00	
CLARK	141	22.72	40	99.50	
COWLITZ	22	31.14	3	119.00	
GRAYS HARBOR	34	28.62	4	114.75	
ISLAND	8	41.00	0	N/A	
JEFFERSON	2	25.00	4	202.50	
KING	747	16.36	130	148.95	
KITSAP	58	21.86	6	204.00	
KITTITAS	0	N/A	1	224.00	
LEWIS	38	19.74	4	182.25	
MASON	35	22.17	8	115.13	
PACIFIC	7	23.00	1	29.00	
PIERCE	273	22.74	51	144.65	
SAN JUAN	0	N/A	0	N/A	
SKAGIT	25	13.44	6	163.67	
SKAMANIA	0	N/A	0	N/A	
SNOHOMISH	119	14.11	32	111.16	
SPOKANE	1	50.00	1	20.00	
THURSTON	89	21.87	25	91.80	
WAHKIAKUM	1	38.00	0	N/A	
WHATCOM	23	12.83	2	217.00	

### EASTERN STATE HOSPITAL

Since the implementation of SB 6492 in May 2012, Eastern State Hospital (ESH) has seen an increase in the number of referrals for offsite competency evaluation, which correlates with an increase in the number of competency restoration orders.

ESH has one 25 bed admission ward where all admissions to the forensics unit are screened and evaluated. Patients committed under a Not Guilty by Reason of Insanity (NGRI) order are admitted here first for initial assessment to determine which long term ward is most appropriate. The two long term wards, with populations of 30 and 40, remain at capacity – with no room to accept newly committed NGRI patients. This admission ward is also where patients who are determined unable to regain competency remain hospitalized until the order for civil commitment is granted.

At this time, there are four NGRI patients and two patients waiting for civil commitment hearing, which leaves 19 beds for competency restoration and inpatient competency evaluation. Physical space is an issue for ESH. There is currently no space that can accommodate an additional forensic ward in the same location as the other three forensic wards.

ESH continues to recruit for additional competency evaluators. Potential candidates have declined offers of employment due to salary and location, with several candidates indicating a desire to make more money and to live and work in western Washington.

ESH INPATIENT COMPETENCY REFERRALS					
	EVALUATIONS		RESTORATIONS		
COUNTY	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	
Adams	0	N/A	0	N/A	
Asotin	5	4.6	1	2.0	
Benton	18	6.7	11	7.2	
Chelan	5	15.6	8	2.1	
Columbia	0	N/A	0	N/A	
Douglas	1	50.0	0	N/A	
Ferry	2	7.5	2	6.0	
Franklin	7	8.0	6	3.0	
Garfield	1	8.0	1	0.0	
Grant	9	18.6	9	6.3	
Kittitas	0	N/A	0	N/A	
Klickitat	1	8.0	0	N/A	
Lincoln	1	49.0	3	0.3	
Okanogan	5	20.3	1	1.0	
Pend Oreille	3	17.7	1	0.0	
Spokane	24	7.3	41	3.6	
Stevens	1	7.0	3	0.7	
Walla Walla	3	37.7	2	1.5	
Whitman	0	N/A	0	N/A	
Yakima	15	4.9	22	1.9	
Pierce	1	5.0	0	0.00	

ESH INPATIENT COMPETENCY ADMISSIONS					
	EVALUATIONS		RESTORATIONS		
COUNTY	NUMBER OF BEDS OFFERRED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	NUMBER OF BEDS OFFERRED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	
Adams	0	N/A	0	N/A	
Asotin	5	59.4	0	N/A	
Benton	14	45.6	11	30.0	
Chelan	1	152.0	8	25.8	
Columbia	0	N/A	0	N/A	
Douglas	1	57.0	0	N/A	
Ferry	0	N/A	2	27.5	
Franklin	5	67.4	5	19.4	
Garfield	0	N/A	1	3.0	
Grant	4	58.5	8	20.4	
Kittitas	0	N/A	0	N/A	
Klickitat	1	99.0	0	N/A	
Lincoln	0	N/A	3	7.3	
Okanogan	2	65.5	1	7.0	
Pend Oreille	3	41.3	1	107.0	
Spokane	17	72.6	35	16.2	
Stevens	0	N/A	3	11.0	
Walla Walla	1	15.0	2	13.5	
Whitman	0	N/A	0	N/A	
Yakima	7	41.3	23	20.1	
Pierce	1	77.0	0	0.00	

ESH OUTPATIENT COMPETENCY REFERRALS					
	JAIL		PR		
COUNTY	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	NUMBER OF REFERRALS RECEIVED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM ORDER SIGNED TO COMPLETED REFERRAL	
Adams	1	2.0	1	8.0	
Asotin	7	13.1	2	9.5	
Benton	55	8.3	41	7.2	
Chelan	31	8.3	28	13.6	
Columbia	0	N/A	1	21.0	
Douglas	3	10.0	1	5.0	
Ferry	5	9.2	3	5.7	
Franklin	24	14.4	12	27.9	
Garfield	1	0.0	0	N/A	
Grant	14	10.1	11	36.8	
Kittitas	4	8.8	5	18.4	
Klickitat	2	129.5	2	19.5	
Lincoln	4	9.0	0	N/A	
Okanogan	10	10.7	2	3.5	
Pend Oreille	2	13.0	0	N/A	
Spokane	120	7.2	64	12.3	
Stevens	17	6.0	6	15.0	
Walla Walla	5	9.2	1	28.0	
Whitman	2	4.0	0	N/A	
Yakima	73	10.0	33	24.2	

ESH OUTPATIENT COMPETENCY EVALUATIONS				
	JAIL		PR	
COUNTY	NUMBER OF REPORTS FAXED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED	NUMBER OF REPORTS FAXED (10/01/2012 - 09/30/2013)	AVERAGE DAYS FROM COMPLETED REFERRAL TO SERVICES PROVIDED
Adams	1	42.0	0	N/A
Asotin	4	34.3	1	32.0
Benton	43	36.8	33	57.5
Chelan	30	37.9	21	59.4
Columbia	0	N/A	1	31.0
Douglas	4	36.3	1	49.0
Ferry	5	27.6	3	39.3
Franklin	13	42.9	9	47.9
Garfield	2	65.5	0	N/A
Grant	14	37.9	9	68.8
Kittitas	6	37.8	2	59.0
Klickitat	2	32.5	1	78.0
Lincoln	4	15.8	1	58.0
Okanogan	6	38.2	2	42.0
Pend Oreille	2	26.5	0	N/A
Spokane	101	40.3	55	55.1
Stevens	12	41.8	3	38.0
Walla Walla	6	41.8	1	75.0
Whitman	2	48.5	0	N/A
Yakima	79	31.1	27	62.5