

Report to the Legislature

Forensic Admissions and Evaluations – Performance Targets 2013 - Second Quarter

Senate Bill 6492
As codified in RCW 10.77.068

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EXECUTIVE SUMMARY

On May 1, 2012, RCW 10.77 was amended by Substitute Senate Bill 6492. The amendment made changes to the evaluation process, set timelines for the admission and evaluation of forensic mental health patients, and required the State Hospitals to set up a system of reporting and accountability when performance targets were not met. As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets and describes the hospital's plans to meet these performance targets.

Western State Hospital

In the second quarter of 2013, Western State Hospital received 780 referrals, approximately 3% less than the preceding quarter closely matching the 809 referrals during the fourth quarter 2012. The trend line continues to suggest continued growth, and the three percent fluctuation is consistent with historical fluctuations and continued increase in the referral rate. The projected annualized rate is for over 3200 referrals. There has been an approximately fifteen percent increase in referrals since 2011, and number of allotted evaluator positions has remained constant.

The waitlist trend for 2012-2013 shows a reduction in wait times and waitlist numbers. Western State Hospital's waitlist declined from 261 to 234. Nevertheless, in the second quarter of 2013, Western State Hospital met performance targets approximately six percent of the time, and wait times averaged over thirty days for inpatient admissions, twenty-one days for in-custody evaluations, and 153 days for out-of-custody evaluations. There continue to be modest increases in productivity per evaluator. However, caseloads are growing as referrals increase and persistent vacancies reduce the number of evaluators.

The evaluation unit had 2.5 vacancies through the duration of the quarter. Due to vacant positions, evaluation capacity for the quarter was reduced by approximately 90 evaluations. The loss of evaluators was partially offset by increased productivity among remaining evaluators. In addition, for the month of June, the hospital allocated new resources to assist with forensic to civil conversion cases, allowing evaluators to focus on forensic referrals.

Eastern State Hospital

In the second quarter of 2013, Eastern State Hospital received a total of 150 referrals for inpatient admission for legally authorized treatment or evaluation services related to competency and for competency evaluations in jail. Eastern State Hospital's waitlist continued to increase this quarter. Productivity remains constant among the evaluators, with vacations and personal illness. The trend is increasing offsite competency evaluations, which increases inpatient competency restoration orders. Eastern State Hospital evaluators continue to follow their patient through the process from forensic to civil conversion.

Deviation from Performance Targets

RCW 10.77.068 (1)(a) phased in performance targets at six and twelve months after the effective date of the legislation. On November 1, 2012, the following performance targets became active:

(i) For a state hospital 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, seven days or less;

(ii) For completion of a competency evaluation in jail and distribution of the evaluation report for a defendant in pretrial custody, seven days or less.

Effective May 1, 2013 an additional performance target was phased in as follows:

(iii) 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, twenty-one days or less.

ANALYSIS

Performance Targets

Substitute Senate Bill 6492 had an effective date of May 1, 2012. Performance targets related to defendants being detained in-custody or awaiting admission into the State Hospitals were phased in over six months, and became fully effective on November 1, 2012. Additional targets related to evaluations of out-of-custody defendants became effective May 1, 2013.

For defendants awaiting admission to the hospital, the target is to offer admission within seven days of receiving a completed referral. For defendants awaiting evaluation in the jail, the target is to have the evaluation completed and delivered to the referring court within seven days of receiving a completed referral. For defendants awaiting evaluation in the community, the target is to have the evaluation completed and delivered to the referring court within the twenty-one days or less. The following tables summarize performance on these targets in the second quarter of calendar year 2013:

WESTERN STATE HOSPITAL

Average Time to Target -- 2nd Quarter 2013				
In Hospital Evaluations	Referrals Received	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Evaluations	31	30.85	7	22.60%
Misdemeanor Inpatient Evaluations	11	32.10	0	0.00%
All Inpatient Evaluations	42	30.05	7	16.66%
In Hospital Restorations	Referrals Received	Average Days Until Admission	Number Completed Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Restorations	140	19.88	41	29.29%
Misdemeanor Inpatient Restorations	29	27.21	0	0.00%
All Inpatient Restorations	169	21.28	41	24.26%
In Hospital NGRI	Referrals Received	Average Days Until Admission	Number Completed Within 7 Days	Percent Admitted Within 7 Days
Felony NGRI	3	3.67	3	100.00%
Misdemeanor NGRI	0	N/A	N/A	N/A
All NGRI	3	3.67	3	100.00%
In Jail Evaluations	Referrals Received	Average Days Until Completion	Number Completed Within 7 Days	Percent Completed Within 7 Days
Felony Outpatient Jail Evaluations	183	20.04	12	6.56%
Misdemeanor Outpatient Jail Evaluations	238	15.53	67	28.15%
All Outpatient Jail Evaluations	421	17.42	79	18.76%
Community (P.R.) Evaluations	Referrals Received	Average Days Until Completion	Number Completed Within 21 Days	Percent Completed Within 21 Days
Felony Outpatient P.R. Evaluations	33	135.19	2	6.06%
Misdemeanor Outpatient P.R. Evaluations	106	162.31	3	2.83%
All Outpatient P.R. Evaluations	139	153.68	5	3.60%

WESTERN STATE HOSPITAL BACKLOG

Size of Current Evaluation Backlog (06/30/2013)		
In Hospital	Number Waiting	Number Waiting Over 7 Days
Felony Inpatient Evaluation	6	5
Misdemeanor Inpatient Evaluation	0	0
Felony Inpatient Restoration	23	19
Misdemeanor Inpatient Restoration	3	1
In Jail		
In Jail	Number Waiting	Number Waiting Over 7 Days
Felony Jail Evaluation	22	6
Misdemeanor Jail Evaluation	17	4
Community (P.R.)		
Community (P.R.)	Number Waiting	Number Waiting Over 21 Days
Felony P.R. Evaluation	38	33
Misdemeanor P.R. Evaluation	125	97

EASTERN STATE HOSPITAL

Average Time to Target -- 2nd Quarter 2013				
In Hospital Evaluations	Referrals Received	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Evaluations	23	94.00	0	0.00%
Misdemeanor Inpatient Evaluations	6	68.00	0	0.00%
All Inpatient Evaluations	29	81.00	0	0.00%
In Hospital Restorations				
In Hospital Restorations	Referrals Received	Average Days Until Admission	Number Completed Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Restorations	20	14.00	10	50.00%
Misdemeanor Inpatient Restorations	5	14.00	0	0.00%
All Inpatient Restorations	25	14.00	10	40.00%
In Hospital NGRI				
In Hospital NGRI	Referrals Received	Average Days Until Admission	Number Completed Within 7 Days	Percent Admitted Within 7 Days
Felony NGRI	2	6.00	2	100.00%
Misdemeanor NGRI	0	N/A	N/A	N/A
All NGRI	2	6.00	2	100.00%
In Jail Evaluations				
In Jail Evaluations	Referrals Received	Average Days Until Completion	Number Completed Within 7 Days	Percent Completed Within 7 Days
Felony Outpatient Jail Evaluations	58	37.00	9	15.52%
Misdemeanor Outpatient Jail Evaluations	36	37.00	5	13.89%
All Outpatient Jail Evaluations	94	37.00	14	14.89%
Community (P.R.) Evaluations				
Community (P.R.) Evaluations	Referrals Received	Average Days Until Completion	Number Completed Within 21 Days	Percent Completed Within 21 Days
Felony Outpatient P.R. Evaluations	30	81	0	0.00%
Misdemeanor Outpatient P.R. Evaluations	34	48	4	11.76%
All Outpatient P.R. Evaluations	64	64.5	4	6.25%

EASTERN STATE HOSPITAL BACKLOG

Size of Current Evaluation Backlog (06/30/2013)		
In Hospital	Number Waiting	Number Waiting Over 7 Days
Felony Inpatient Evaluation	20	16
Misdemeanor Inpatient Evaluation	3	2
Felony Inpatient Restoration	5	2
Misdemeanor Inpatient Restoration	0	0
In Jail		
In Jail	Number Waiting	Number Waiting Over 7 Days
Felony Jail Evaluation	17	4
Misdemeanor Jail Evaluation	7	4
Community (P.R.)		
Community (P.R.)	Number Waiting	Number Waiting Over 21 Days
Felony P.R. Evaluation	7	5
Misdemeanor P.R. Evaluation	6	3

Deviation from Performance Targets

Western State Hospital

In the Western State Hospital Center for Forensic Services inpatient unit, approximately 31% of restorations were admitted within seven days, and approximately 18% of evaluations were admitted within seven days. The individual evaluators continue to significantly surpass productivity standards. However, recruitment and retention continue to present challenges. The inpatient unit had two vacancies throughout the quarter, representing a vacancy rate of approximately 30%.

In the Western State Hospital in custody unit (in jail), 6% of defendants charged with felonies, and 19% of defendants charged with misdemeanors were seen within statutory time guidelines. Average productivity per evaluator continued to improve this quarter. The outpatient unit was also impacted by attrition, with one evaluator terminating employment, and the equivalent of one full time position being shifted to the inpatient service.

The Western State Hospital out-of-custody unit has been the most impacted by the vacant positions. Evaluators in this unit have been splitting their time with the other two units in order to reduce the wait times of defendants being held in custody. There are currently 163 patients on the out-of custody waitlist, and less than 8% are seen within the prescribed 21 day guideline.

RCW 10.77.068 (1)(c) includes a non-exclusive list of factors outside of the department's control that could impact performance targets. In the first quarter 2013, evaluator resources were the overwhelming determinant of timeliness. As Western State Hospital more closely approaches performance targets, analysis of external factors will take on increasing importance. Initiatives to improve both the integrity and scope of data collected are discussed below.

Western State Hospital's evaluation has faced cyclical shortages of psychiatrists and psychologists, and there has historically been a close correspondence between evaluator vacancies and increased wait times. In the last two quarters, the vacant evaluator positions were largely offset by increases in productivity per evaluator.

Eastern State Hospital

Eastern State Hospital has one forensic evaluator assigned to complete inpatient competency evaluations. At Eastern State Hospital the inpatient competency evaluations and competency restorations are admitted to one ward. As the number of community competency evaluations continue to increase, there will be an increase in the number of competency restorations that must be admitted and take priority over admissions for competency evaluation. Eastern State Hospital's forensic admission ward capacity is 25. The inpatient evaluator has since taken over the responsibility of completing all letters and reports for competency restoration as well as continuing with the inpatient competency evaluations.

Plan for Meeting Targets

Western State Hospital and Eastern State Hospital have developed comprehensive performance improvement plans based both on the preliminary observations of the Joint Legislative Audit and Review

Committee and on the input of the professionals performing the evaluations. Some aspects of the plans have been initiated, and measurable results are projected for the third and fourth quarters of 2013.

Management of Current Resources

Increasing Per-evaluator Productivity

Western State Hospital

After the passage of Substitute Senate Bill 6492, productivity standards for evaluators were formalized in the position description forms (PDFs). At present, all evaluators in the inpatient unit are exceeding individual performance targets. In March 2013, the in custody evaluation service exceeded individual productivity standards for the first time since this data has been tracked. In the out-of-custody unit, productivity has met expectations when adjusted for leave, but has not shown the same scale increase in production that has been seen in the inpatient unit.

The current increase in evaluator productivity has largely been a function of 1) explicit performance expectations, 2) regular performance feedback, and 3) the pairing of less efficient evaluators with more efficient mentors. This system of expectations and accountability has yielded significant gains, but further sustainable gains will also require changes in the evaluation process. Specifically, changes to RCW 10.77 enacted in Substitute Senate Bill 6492 have 1) removed the requirement of a second evaluator; 2) limited the circumstances under which an evaluator must render an opinion as to future dangerousness; 3) permitted a description of the defendant's current mental status as an alternative to formal diagnosis; and 4) limited the circumstances under which the evaluator must render an additional opinion as to the defendant's mental state at the time of the offense. The changes permit a more narrow focus upon the issue of competence.

During the second quarter of 2013, the hospital continued to pilot a more focused forensic mental health (competence) report in King County. In the coming months, there will be increased outreach to our partners in the justice community to attain greater buy-in for these more narrowly focused reports. As these reports fully comply with the current RCW 10.77.060, it is anticipated that they will become the standard. In addition, hospital management and work groups are evaluating further increases in productivity through:

- Triaging and assigning cases according to their level of seriousness, clinical complexity, presence of recent evaluations, and level of risk.
- Implementation of an abbreviated report format that has been successfully piloted at Western State Hospital's North Regional Office.
- Greater specialization, such that doctoral level evaluators only perform those functions requiring that level of skill, experience, and credential.

Eastern State Hospital

Eastern State Hospital's monthly productivity standards are being met by all evaluators. There continues to be one evaluator assigned to inpatient competency evaluations. Eastern State Hospital is not currently looking at increasing per-evaluator productivity.

Allocation of Resources

Western State Hospital

The shortage of forensic evaluators at Western State Hospital is currently the primary rate limiting factor for meeting performance targets under RCW 10.77.068. As a short term response, Western State Hospital has made additional psychiatry resources available for tasks that have diverted forensic evaluators from their core work. For example, Western State Hospital has allocated a psychiatrist to perform the evaluations of patients referred for civil commitment following dismissal of their criminal charges. This reallocation of resources is expected to increase the number of forensic evaluations performed by each evaluator.

Eastern State Hospital

The Eastern State Hospital Forensic Services Unit Clinical Director and Director of Psychology continually review assignments to determine what tasks can be accomplished by psychologists/other staff who are not assigned competency evaluations. Currently all forensic evaluators are responsible for completing Forensic Risk Assessments and completing petitions for conversion to civil commitment for those patients they evaluated for competency and went through the restoration process.

Eastern State Hospital staff will be reviewing referral data in the counties where the greatest number of jail evaluations occur to determine if there is the need to either hire or re-assign current staff to offsite (Eastern State Hospital) locations to conduct the evaluations. This may lead to a decrease in the amount of travel time for Eastern State Hospital evaluators. Expected results of the review are late January 2014.

Evaluation of the scheduling process and how to schedule evaluator time more efficiently will be done by administrative staff, looking at grouping close communities and having one evaluator spend days at a time in one location rather than commuting to a multitude of distant locations.

Eastern State Hospital is restructuring the duties of the Program Specialist 4 to include the functions of data collection, management and reporting forensic data. This position will work closely with Western State Hospital, headquarters and Joint Legislative Audit and Review Committee staff on reports, tracking trends and ensuring identified efficiencies are attained and maintained.

Increased Use of Technology

Western State Hospital

The Information Technology department is currently exploring several pathways to reduce time consumed with administrative, record keeping, and travel. Approximately three of the seven allotted days are currently consumed preparing the referral, assembling and distributing the chart, obtaining the physical hospital chart, preparing the paper report, and faxing the report to the parties. Increasing electronic record keeping and distribution has been identified as one area where delays can be reduced with either no effect or positive effect on quality. Over the longer term, the Information technology department is looking into practices such as video-conferenced testimony and evaluations that could potentially reduce time lost to travel.

Lean principles have been implemented in the data management system, reducing redundant tasks, eliminating tasks that do not add value, and automating calculations. Data reliability appears to be improving. In the current quarter, data collection has been centralized in the Cache database. Data previously captured in comment fields such as coding reasons for delays, have been added to the database. The information technology department is currently adding fields to track specific time intervals at each step of the evaluation. This data is being used for both reporting and for daily management. Current challenges center on modifying the manual to reflect the increased functionality of the database, and training the administrative staff who enter the data.

Eastern State Hospital

Eastern State Hospital continues to utilize the mentally ill legal offender database (MILO) to summarize data as necessary. These reports are created with existing staff resources. As new areas of collection are identified, the database is modified or new reports written to gather such requests.

Recruitment and Retention

Western State Hospital

In 2012, there were approximately 3,000 referrals to Western State Hospital's Center for Forensic Services. Annualizing from the first two quarters of 2013, there will likely be greater than 3200 referrals in 2013. At the presumptive caseloads for experienced evaluators, 22 full-time evaluators would produce at just under the rate of referral. An additional two evaluators producing at the presumptive rate would be needed to eliminate the current 300 person waitlist in one year. It should be noted that the number of evaluators assumes that there is no time loss for illness, vacancies or training, and assumes that there are no evaluators in-training. As noted below, neither assumption is robust. Attrition affects this number in two ways. First, during the training period, new evaluators carry a reduced case load and lose time to training. Thus, first-year evaluators are expected to complete just over 100 evaluations, compared to the 130-144 expected of experienced evaluators. Second, through 2012, vacant evaluator positions remained unfilled for an average of 76 days. Through the first two quarters of 2013, this trend has worsened, with one evaluator position having gone unfilled for six months, and a second having gone unfilled for four months.

We are currently entering the portion of the recruiting season where vacancies are filled with newly licensed applicants. It is likely that we will fill our positions during the upcoming quarter. Training programs have historically been a significant contributor to recruitment and retention. Approximately one quarter of current evaluators completed some portion of their formal training at Western State Hospital, and an additional one third have been involved in running the training programs. There are no qualified candidates on the register for current vacancies. Strategies considered for improving recruitment and retention include strengthening and broadening training opportunities such as the American Psychological Association accredited internship, improving professional development opportunities, decreasing the amount of time beyond forty hours that overtime-exempt evaluators are currently working. The Hospital does have a history of allowing treatment psychiatrists to earn overtime by conducting evaluations. A similar system of allowing evaluators who have met individual performance targets to earn overtime or bonuses for additional evaluations might also aid in recruitment and retention. Some of the strategies considered are not fully within the Hospital's control, as they may either require additional funding, or may be not be consistent with the current collective bargaining agreement.

Eastern State Hospital

Eastern State Hospital continues recruitment efforts to fill existing vacancies. There have been no issues, other than pay, identified with retaining existing forensic evaluators. Eastern State Hospital is in the process of contacting psychiatrists and psychologists in Yakima, Benton and Franklin Counties to determine if there is the need to either hire or re-assign current providers offsite to conduct the evaluations. This may lead to an increased ability to recruit and retain, as it is increasing the potential locations of employment rather than having all forensic evaluators located at Eastern State Hospital.

One psychiatrist vacancy will be filled on October 1, 2013 on the Forensic Services Unit. The hospital is still in the process of recruiting for psychology vacancies and a nationwide recruitment effort is being developed by Human Resources to promote Eastern State Hospital to a wider audience.

Collaborating with Partners in the Courts and Detention Centers

Except in limited circumstances, Substitute Senate Bill 6492 encourages our partners in the Courts to order evaluations to be conducted in detention or in the community. In previous quarters, we have had success in reducing the number of inpatient evaluation referrals through a combination of educating the courts and parties about the new law, and contacting parties directly evaluations that appeared appropriate for in-custody evaluation were referred for inpatient evaluation.

Western State Hospital

In the current quarter, there has been a 50% increase in referrals for inpatient evaluation. Three factors appear to contribute to this, 1) increased time pressure on in-custody evaluators has led to an increase in the number of cases being referred to inpatient by our own evaluators; 2) the admission coordinator position (whose job duties include screening orders) is currently vacant; and 3) policies implemented during this quarter of expediting inpatient evaluations has reduced the time penalty faced by a defendant for seeking an evaluation in the hospital rather than in the jail.

In the current quarter, we anticipate renewing our efforts to educate the courts about the preference for conducting evaluations outside of the hospital. As the statute gives the courts discretion as to whether to order inpatient evaluations, it will be incumbent on the hospitals to educate the courts about the types of cases that can be reliably evaluated without the need for inpatient hospitalization. It is anticipated that this education campaign will reduce the number of inpatient evaluation referrals.

Eastern State Hospital

Eastern State Hospital is starting to talk with outlying county jails to determine the feasibility and viability of using media for evaluations and court testimony.

Request for Appropriations

RCW 10.77.068 (1)(a) requires the hospital to request additional resources if necessary to meet performance goals. In last quarter's report, it was noted that at current productivity levels, full staff and

two additional evaluators would be sufficient to eliminate the waitlist within one year. However, as noted in the narrative above, evaluator productivity has increased and further gains are likely possible by focusing evaluations more specifically on the core issue of the defendant's competence to stand trial. By enacting Senate Bill 5551, the legislature has temporarily increased resources by funding the reimbursement of county retained contractors to perform evaluations. In an effort to be responsible stewards, the hospital will not be making a request for additional evaluators unless or until such time as it becomes clear that targets cannot be met through efficiency increases alone.

Physical space continues to be an issue for Eastern State Hospital. There are currently 25 beds on the admission unit which accommodates competency evaluation, competency restoration and admission of patients with not guilty by reason of insanity (NGRI) status for assessment and transfer to the appropriate ward.

CONCLUSION

Substitute Senate Bill 6492 was adopted largely in response to a crisis of rapidly growing referrals and extraordinary wait times for defendants awaiting evaluation at the State Hospitals. Relative to wait times when the bill was passed, there have been reductions in the waitlist, and increases in evaluator productivity. Nevertheless, average wait times remain approximately double the performance targets of seven days, and less than 30% of evaluations are conducted within the recommended timeframes. Recruitment and retention continue to be major challenges, and increases in evaluator productivity were offset by vacancies. Vacancies have been predictable and persistent, and options such as over-filling may be supported by the current patterns. It appears unlikely that there will be significant change in the underlying market forces creating shortages of evaluators. Thus, the hospitals are actively pursuing alternative strategies and more efficient allocation of existing resources.