

***Cassie Cordell Trueblood, et al., v. Washington State Department of  
Social and Health Services, et al.***  
***Case No. C14-1178 MJP***  
**FINAL Monthly Report to the Court Appointed Monitor**

**January 30, 2017**

Behavioral Health Administration  
Division of State Hospitals  
PO Box 45050  
Olympia, WA 98504-5050  
(360) 725-2260  
Fax: (360) 407-0304



**TABLE OF CONTENTS**

Background.....Page 3

Class Member Status Summary Information.....Page 4

Class Member Status Data Tables.....Page 5

Class Member Status Data Graphs.....Page 11

Total Completed Jail Evaluations by Court Order Signed.....Page 14

Resources Required to Provide Timely Competency Services.....Page 15

Key Accomplishments- December 2016.....Page 16

*Trueblood* Implementation Steps Taken and Planned— December 2016.....Page 17

February 8, 2016 Court Order Status Report/Updates.....Page 27

July 7, 2016 Contempt Court Order Status Updates.....Page 30

August 15, 2016 Order Modifying the Permanent Injunction.....Page 30

Appendices.....Page 31

    A. Class Member—Evaluation Information for November 2016.....Page 31

    B. Class Member—Restoration Information for November 2016.....Page 31

    C. Class Member—Restoration Information for November 2016 Maple Lane.....Page 31

    D. Class Member—Restoration Information for November 2016 Yakima.....Page 31

    E. Class Member—Evaluation Information for December 2016.....Page 31

    F. Class Member—Restoration Information for December 2016.....Page 31

    G. Class Member—Restoration Information for December 2016 Maple Lane.....Page 31

    H. Class Member—Restoration Information for December 2016 Yakima.....Page 31

    I. Calculation of Contempt Fines .....Page 31

    J. Outliers and Delay Comments .....Page 31

    K. Good Cause Exceptions .....Page 33

## BACKGROUND

---

On April 2, 2015, the Court ordered the Department of Social and Health Services (DSHS) to file monthly reports with the *Trueblood* Court Monitor on efforts to comply with Court orders to provide timely competency evaluation and restoration services to Class Members. This monthly report is submitted January 15, 2017 and covers the events of December 2016. This report also provides status updates on additional court order requirements.

On April 2, 2015, the Court ordered:

*“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 February 8, 2016, another order was issued on July 7<sup>th</sup>, and another order was issued on August 15, 2016. Status updates on these orders begin on page 28.

This report provides the class member data for Competency Services displayed in two periods—November 1, 2016 – November 30, 2016 and December 1, 2016 – December 31, 2016. The November data are considered “mature” and the December data are a “first look” data set. April 2015 is the baseline month for data analysis.

Specific class member evaluation and restoration information is included in the appendices to this report.

## CLASS MEMBER STATUS SUMMARY INFORMATION

---

### Analysis of Data: April 1, 2015 through December 30, 2016

The average monthly referrals for each type of service are as follows:

- Average monthly jail-based evaluation orders signed for April 2015-December 2016
  - WSH: 206.4
  - ESH: 46
  - Both hospitals: 252
- Average monthly inpatient evaluation orders signed for April 2015- December 2016
  - WSH: 16.9
  - ESH: 6.1
  - Both hospitals: 23
- Average monthly restoration orders signed for April 2015- December 2016
  - WSH: 71.3
  - ESH: 12.3
  - Both hospitals: 83.7

### Summary Points Related to Orders and Timeliness (see Tables 1-3 below for details)

- Jail-based evaluation orders at WSH were at 175, which is lower than the 206.4 average. ESH had 59 orders, which is higher than the 46 average. Combined, the hospitals totaled 234 orders, which is lower than the 252 average.
- In-patient evaluation orders at both sites were 26 in December, which is higher than average. WSH received 18 compared with a 16.9 average. ESH had 8 orders, which is higher than the 6.0 average.
- There were 101 restoration orders across both hospitals, which remains higher than the 83.7 average. WSH orders increased to 90 in December (average is 71.3). ESH decreased to 11 orders in December.
- Regarding jail-based 14 day evaluation wait times, WSH is stable at 13.3 days from order to completion and ESH has decreased to averaging *9.8 days, which is lower than any month to date*. The combined average is 12.6 days.
- The average inpatient evaluation wait times at WSH is 26.5 days (29.9 last month). *The ESH average is at 6.3 days*. The combined average is 21.3 days.
- Restoration wait times at WSH in December were 24.5 days on average. *The ESH average is now 2.9 days*. The combined average is 21.8 days.
- Overall timeliness for jail-based evaluations is at a 60% completion rate within 14 days.
- Overall timeliness for inpatient evaluations is at a 22% completion rate within 7 days.
- Overall timeliness for inpatient restorations is at 16% completion rate within 7 days.

### Outlier cases

Please refer to Appendix J for delay comments related to cases with an incomplete status and waiting more than 20 days for an evaluation, and cases with an incomplete status and waiting more than 40 days for restoration services. There were 8 evaluation cases that were considered 'outliers', as previously defined, as of the end of the reporting period. The number of days from court order to the end of the reporting period ranged from 23 – 75 days. Of those 8 cases, 6 were inpatient evaluations and 2 were outpatient (jail) evaluations. One of the two jail evaluations was delayed due to a 25 day delay in receipt of discovery evidence, and the other case was actually completed 14 days after the ordered signed date. Of the 6 inpatient cases, 1 case was delayed in part due to an 18 day delay in receipt of court order from the order signed date, and 1 case had to wait for medical clearance.

Of the remaining 4 cases, 2 were admitted in December, 20 and 22 days after the order signed date, with no reason stated for the delay, and 2 were admitted in January, with no reason stated for the delay. In addition, in the current report, there were 26 restoration cases that were considered ‘outliers’, as previously defined, as of the end of the reporting period. The number of days from court order to the end of the reporting period ranged from 44 – 80 days. With updates to the data system since the end of the reporting period, 3 of the 26 cases were either dismissed or released on Personal Recognizance. Two of the 26 cases had to wait for medical clearance, and 2 other cases did not receive the court order until 50+ days after the order signed date. The remaining 19 cases have no stated reason for delay; however, all of those cases were admitted in January.

**CLASS MEMBER STATUS DATA TABLES**

**TABLE 1a. Class Member Status Western State Hospital – Jail-based Competency Evaluations**

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete - within 7 days
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation - 7 day compliance	APR. 2015	176	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%
	MAY. 2015	183	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%
	JUN. 2015	212	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%
	JUL. 2015	236	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%
	AUG. 2015	185	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%
	SEP. 2015	202	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%
	OCT. 2015	213	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%
	NOV. 2015	164	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%
	DEC. 2015	195	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%
	JAN. 2016	181	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%
	FEB. 2016	205	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%
	MAR. 2016	220	0.7	0.0	0.8	0.0	6.1	3.0	8.9	7.0	59%
	APR. 2016	201	0.8	0.0	0.8	0.0	6.1	5.0	9.0	7.0	57%
	MAY. 2016	212	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%
JUN. 2016	219	0.9	0.0	0.9	0.0	7.5	6.5	10.8	8.0	31%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	JUL. 2016	228	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%
	AUG. 2016	229	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%
	SEP. 2016	256	0.6	0.0	0.8	0.0	6.7	7.0	12.5	11.0	45%
	OCT. 2016	236	0.5	0.0	0.9	0.0	8.1	6.0	13.0	12.0	50%
	NOV. 2016	207	1.3	0.0	1.9	0.0	10.1	8.5	13.3	13.0	47%
	DEC. 2016	175	1.1	0.0	1.7	0.0	10.3	10.0	13.3	12.5	58%

**TABLE 1b. Class Member Status Western State Hospital – Inpatient Competency Services**

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Inpatient Evaluation	APR. 2015	10	5.8	1.0	5.8	1.0	10.7	7.0	22.2	18.0	22%
	MAY. 2015	11	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%
	JUN. 2015	10	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%
	JUL. 2015	15	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%
	AUG. 2015	15	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%
	SEP. 2015	15	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%
	OCT. 2015	17	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%
	NOV. 2015	14	1.7	1.0	1.7	1.0	14.1	12.0	23.9	22.0	6%
	DEC. 2015	11	4.1	1.0	4.1	1.0	13.1	12.0	22.2	27.0	10%
	JAN. 2016	13	4.0	1.0	3.8	1.0	12.2	11.0	24.7	23.0	0%
	FEB. 2016	16	4.4	1.0	4.4	1.0	10.7	8.5	17.1	15.5	8%
	MAR. 2016	18	3.1	1.0	3.1	1.0	6.8	7.0	15.5	14.0	10%
	APR. 2016	20	1.1	0.0	1.1	0.0	8.6	8.5	18.6	17.5	6%
	MAY. 2016	18	1.7	1.0	1.7	1.0	9.5	6.0	18.9	21.0	16%
	JUN. 2016	16	3.4	1.0	3.4	1.0	11.8	7.5	25.0	26.0	0%
	JUL. 2016	19	4.7	2.0	4.7	2.0	7.5	4.0	17.3	14.5	6%
	AUG. 2016	33	2.8	1.0	2.8	1.0	13.1	13.0	14.1	13.5	13%
SEP. 2016	23	2.5	1.0	2.5	1.0	14.0	14.0	15.2	14.0	11%	
OCT. 2016	21	1.4	0.0	1.4	0.0	18.0	18.0	23.4	22.0	5%	
NOV. 2016	21	1.2	0.0	1.2	0.0	22.0	22.5	29.9	32.0	5%	
DEC. 2016	<b>18</b>	<b>2.8</b>	<b>0.0</b>	<b>2.8</b>	<b>0.0</b>	<b>22.2</b>	<b>23.0</b>	<b>26.5</b>	<b>30.0</b>	<b>10%</b>	
Inpatient Restoration	APR. 2015	59	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%
	MAY. 2015	63	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%
	JUN. 2015	39	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%
	JUL. 2015	78	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%
	AUG. 2015	63	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%
	SEP. 2015	82	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%
	OCT. 2015	76	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%
	NOV. 2015	58	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%
	DEC. 2015	66	1.5	1.0	2.0	1.0	27.3	22.0	39.0	48.0	19%
	JAN. 2016	61	2.7	0.0	2.9	0.0	29.2	18.5	33.6	44.0	23%
	FEB. 2016	63	2.7	1.0	3.3	1.0	24.2	21.0	33.1	41.0	14%
	MAR. 2016	77	2.0	0.0	2.5	0.0	25.9	27.0	28.3	21.0	30%
	APR. 2016	64	1.9	0.0	2.2	0.0	23.5	20.5	37.4	46.0	13%
	MAY. 2016	70	1.7	0.0	2.0	0.0	23.1	21.5	29.0	24.5	25%
	JUN. 2016	69	1.4	0.0	1.5	0.0	22.1	17.0	26.6	22.0	11%
	JUL. 2016	68	1.7	0.0	1.7	0.0	11.8	6.0	21.8	18.0	14%
	AUG. 2016	93	1.5	0.0	1.7	0.0	12.3	13.0	13.1	10.0	24%
SEP. 2016	103	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%	
OCT. 2016	76	1.3	0.0	1.3	0.0	25.2	25.0	21.5	17.5	10%	
NOV. 2016	80	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%	
DEC. 2016	<b>90</b>	<b>1.5</b>	<b>0.0</b>	<b>1.6</b>	<b>0.0</b>	<b>30.6</b>	<b>25.0</b>	<b>24.5</b>	<b>14.0</b>	<b>11%</b>	

**TABLE 2a. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations**

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation - 7 day compliance	APR. 2015	38	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%
	MAY. 2015	37	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%
	JUN. 2015	38	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%
	JUL. 2015	45	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%
	AUG. 2015	32	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%
	SEP. 2015	51	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%
	OCT. 2015	33	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%
	NOV. 2015	32	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%
	DEC. 2015	48	1.7	0.0	3.2	1.0	21.7	18.0	38.7	35.0	3%
	JAN. 2016	46	4.7	0.0	7.4	1.0	13.4	9.0	36.6	27.5	10%
	FEB. 2016	39	1.4	0.0	2.0	1.0	10.4	6.0	15.5	12.0	25%
	MAR. 2016	66	1.4	0.0	1.3	1.0	11.8	8.0	12.6	10.0	16%
	APR. 2016	39	1.4	0.0	1.7	0.0	11.0	6.5	14.5	12.0	11%
	MAY. 2016	46	2.0	0.0	2.3	0.0	13.7	8.0	15.0	11.5	16%
JUN. 2016	63	1.4	0.0	1.6	0.0	8.2	7.0	14.1	13.0	7%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	JUL. 2016	46	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%
	AUG. 2016	66	0.9	0.0	1.1	0.0	6.3	6.0	14.4	14.0	38%
	SEP. 2016	52	0.9	0.0	0.9	0.0	9.6	7.5	14.2	14.0	58%
	OCT. 2016	56	1.0	0.0	1.3	0.0	9.1	10.0	14.9	14.0	42%
	NOV. 2016	35	1.3	0.0	1.5	0.0	11.0	9.0	12.6	12.0	58%
DEC. 2016	59	0.6	0.0	0.9	0.0	7.4	9.0	9.8	9.0	69%	

**TABLE 2b. Class Member Status Eastern State Hospital – Inpatient Competency Services**

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Inpatient Evaluation	APR. 2015	9	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%
	MAY. 2015	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%
	JUN. 2015	4	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%
	JUL. 2015	2	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%
	AUG. 2015	5	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%
	SEP. 2015	5	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%
	OCT. 2015	8	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%
	NOV. 2015	3	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%
	DEC. 2015	12	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%
	JAN. 2016	7	5.4	1.0	8.9	2.0	30.9	31.0	52.9	51.0	0%
	FEB. 2016	2	12.9	1.0	16.3	2.0	47.5	31.0	50.9	56.0	0%
	MAR. 2016	5	15.5	1.0	16.3	1.0	19.2	15.5	69.2	45.0	0%
	APR. 2016	2	4.9	0.5	5.6	1.0	7.5	7.5	44.0	39.0	0%
	MAY. 2016	2	0.3	0.0	0.3	0.0	0.0	0.0	12.5	11.5	50%
	JUN. 2016	7	2.5	0.0	2.5	0.0	10.0	9.0	11.4	11.0	13%
	JUL. 2016	2	3.1	1.0	3.5	1.0	4.0	4.0	20.2	20.5	14%
	AUG. 2016	12	1.2	0.0	1.3	0.0	1.3	1.0	4.9	6.0	100%
	SEP. 2016	11	1.6	0.5	1.6	1.0	3.0	3.0	6.5	6.0	73%
OCT. 2016	12	0.7	0.0	0.8	0.0	4.3	4.0	5.6	6.0	69%	
NOV. 2016	7	2.0	0.0	1.0	0.0	4.5	4.5	8.1	6.5	60%	
DEC. 2016	<b>8</b>	<b>1.4</b>	<b>1.5</b>	<b>1.0</b>	<b>0.5</b>	<b>0.0</b>	<b>0.0</b>	<b>6.3</b>	<b>6.0</b>	<b>70%</b>	
Inpatient Restoration	APR. 2015	12	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%
	MAY. 2015	3	6.3	1.0	7.9	2.0	35.0	41.0	54.7	62.0	0%
	JUN. 2015	4	0.6	1.0	1.8	1.0	45.3	39.0	46.0	56.0	20%
	JUL. 2015	11	1.3	0.0	4.5	2.0	16.2	11.0	45.3	56.0	33%
	AUG. 2015	15	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%
	SEP. 2015	7	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%
	OCT. 2015	10	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%
	NOV. 2015	9	2.4	0.0	4.1	2.0	51.7	48.0	90.8	92.0	0%
	DEC. 2015	6	3.8	0.0	4.2	0.5	26.3	20.0	84.7	86.5	0%
	JAN. 2016	15	2.3	0.0	2.7	0.0	31.1	19.0	53.8	58.0	25%
	FEB. 2016	18	2.0	0.0	2.3	0.0	24.2	24.0	55.8	43.5	0%
	MAR. 2016	12	1.1	0.0	1.1	0.0	27.7	23.0	45.2	46.5	0%
	APR. 2016	12	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%
	MAY. 2016	18	1.5	0.0	1.6	0.0	10.2	13.0	9.9	7.0	53%
	JUN. 2016	20	0.4	0.0	0.4	0.0	7.8	10.0	9.5	9.5	22%
	JUL. 2016	11	0.7	0.0	0.7	0.0	2.0	2.0	7.2	5.0	60%
	AUG. 2016	7	0.4	0.0	0.4	0.0	0.0	0.0	4.6	5.5	100%
	SEP. 2016	21	0.2	0.0	0.2	0.0	1.5	1.5	4.1	5.0	86%
OCT. 2016	19	0.9	0.0	0.9	0.0	4.4	5.0	5.5	5.5	48%	
NOV. 2016	18	0.7	0.0	0.7	0.0	13.5	13.5	6.3	7.0	48%	
DEC. 2016	<b>11</b>	<b>0.2</b>	<b>0.0</b>	<b>0.2</b>	<b>0.0</b>	<b>5.5</b>	<b>5.5</b>	<b>2.9</b>	<b>3.5</b>	<b>85%</b>	



**TABLE 3a. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations**

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Jail-based Evaluation	APR. 2015	214	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%
	MAY. 2015	217	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%
	JUN. 2015	250	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%
	JUL. 2015	281	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%
	AUG. 2015	217	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%
	SEP. 2015	253	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%
	OCT. 2015	246	1.9	0.0	2.5	1.0	16.6	11.0	19.2	16.0	17%
	NOV. 2015	196	1.8	0.0	2.8	1.0	21.6	17.0	20.5	16.0	23%
	DEC. 2015	243	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%
	JAN. 2016	227	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%
	FEB. 2016	243	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%
	MAR. 2016	285	0.9	0.0	0.9	0.0	8.2	6.0	9.7	7.0	51%
	APR. 2016	239	0.9	0.0	1.0	0.0	7.7	5.0	10.0	8.0	48%
MAY. 2016	259	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%	
JUN. 2016	278	1.1	0.0	1.2	0.0	9.5	7.0	11.4	9.0	26%	
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days
	JUL. 2016	274	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%
	AUG. 2016	295	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%
	SEP. 2016	308	0.7	0.0	1.0	0.0	7.3	7.0	12.9	12.0	47%
	OCT. 2016	292	0.6	0.0	1.0	0.0	8.3	6.0	13.4	13.0	48%
	NOV. 2016	242	1.3	0.0	1.8	0.0	10.2	9.0	13.2	13.0	49%
DEC. 2016	234	1.0	0.0	1.5	0.0	9.6	10.0	12.6	12.0	60%	

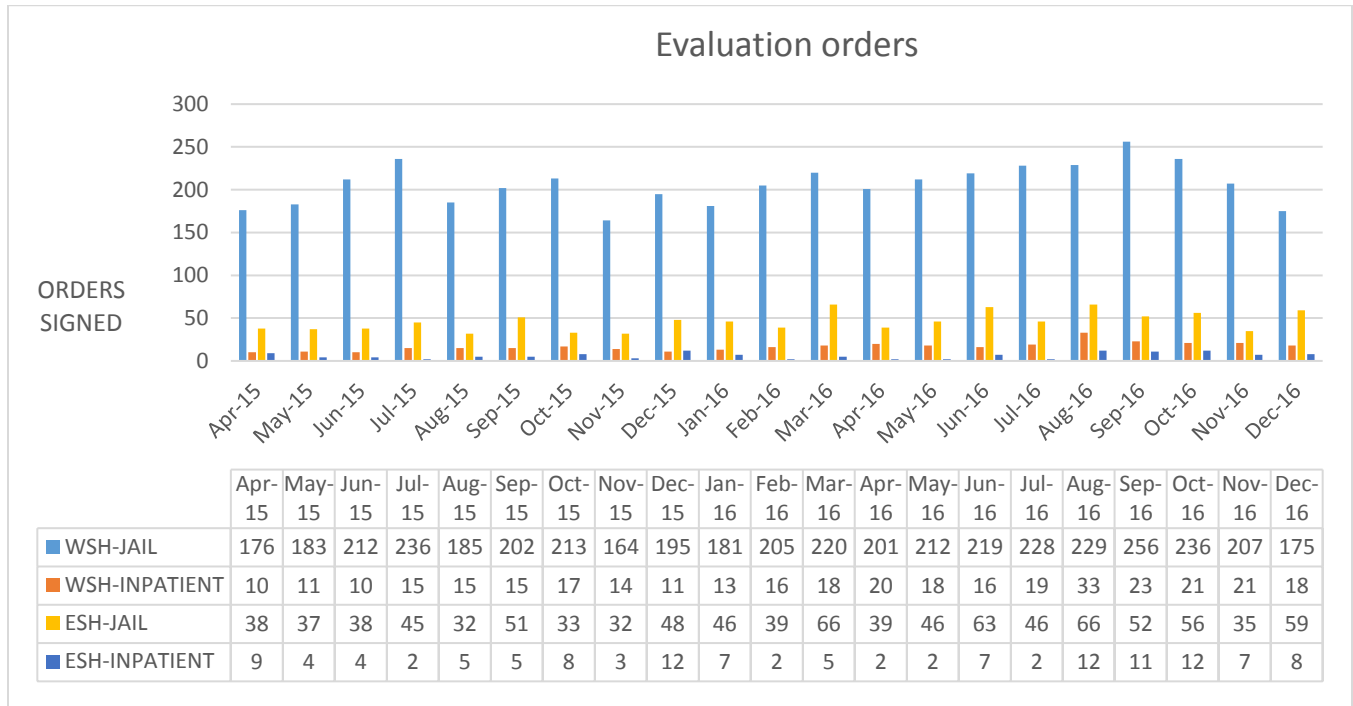
**TABLE 3b. Class Member Status at Western and Eastern State Hospital (Totals) – Inpatient Competency Services**

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to:								Percent complete within 7 days of order
			hospital receipt of order		hospital receipt of discovery		end of month for incomplete referrals		completion		
			Average	Median	Average	Median	Average	Median	Average	Median	
Inpatient Evaluation	APR. 2015	19	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%
	MAY. 2015	15	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%
	JUN. 2015	14	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%
	JUL. 2015	17	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%
	AUG. 2015	20	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%
	SEP. 2015	20	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%
	OCT. 2015	25	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%
	NOV. 2015	17	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%
	DEC. 2015	23	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%
	JAN. 2016	20	4.8	1.0	6.6	1.0	27.0	23.0	33.7	29.0	0%
	FEB. 2016	18	7.7	1.0	9.0	1.0	24.5	12.0	30.6	22.0	5%
	MAR. 2016	23	6.7	1.0	6.9	1.0	12.6	9.0	26.6	16.0	8%
	APR. 2016	22	1.7	0.0	1.8	0.0	11.2	9.0	24.2	21.0	4%
	MAY. 2016	20	1.5	0.0	1.5	0.0	9.5	6.0	17.8	20.0	22%
	JUN. 2016	23	3.2	1.0	3.2	1.0	11.4	8.0	21.9	23.0	3%
	JUL. 2016	21	4.3	1.0	4.3	1.0	7.2	4.0	16.6	14.0	8%
	AUG. 2016	45	2.5	0.5	2.5	0.5	10.6	9.0	11.8	11.5	29%
SEP. 2016	34	2.1	1.0	2.2	1.0	12.8	14.0	11.7	8.0	29%	
OCT. 2016	33	1.2	0.0	1.2	0.0	16.0	18.0	17.3	21.0	22%	
NOV. 2016	28	1.4	0.0	1.2	0.0	20.5	21.5	23.2	29.5	16%	
<b>DEC. 2016</b>	<b>26</b>	<b>2.6</b>	<b>0.0</b>	<b>2.6</b>	<b>0.0</b>	<b>22.2</b>	<b>23.0</b>	<b>21.3</b>	<b>22.0</b>	<b>22%</b>	
Inpatient Restoration	APR. 2015	71	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0	26%
	MAY. 2015	66	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%
	JUN. 2015	43	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%
	JUL. 2015	89	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%
	AUG. 2015	78	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%
	SEP. 2015	89	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%
	OCT. 2015	86	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%
	NOV. 2015	67	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%
	DEC. 2015	72	1.8	1.0	2.3	1.0	27.5	23.0	47.4	52.0	15%
	JAN. 2016	76	2.6	0.0	2.8	0.0	29.6	19.0	37.5	46.0	23%
	FEB. 2016	81	3.3	0.0	3.8	1.0	24.2	21.0	37.1	41.0	12%
	MAR. 2016	89	1.3	0.0	2.2	0.0	26.5	24.0	31.8	39	24%
	APR. 2016	76	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%
	MAY. 2016	88	1.7	0.0	1.9	0.0	22.1	20.0	25.2	19	31%
	JUN. 2016	89	1.2	0.0	1.3	0.0	21	15.0	23	14.5	13%
	JUL. 2016	79	1.6	0.0	1.8	0.0	11.4	6.0	20.4	13.0	19%
	AUG. 2016	100	1.4	0.0	1.6	0.0	12.6	13.0	11.8	11.5	28%
SEP. 2016	124	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%	
OCT. 2016	95	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%	
NOV. 2016	98	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%	
<b>DEC. 2016</b>	<b>101</b>	<b>1.4</b>	<b>0.0</b>	<b>1.5</b>	<b>0.0</b>	<b>30.0</b>	<b>24.0</b>	<b>21.8</b>	<b>13.0</b>	<b>16%</b>	

**CLASS MEMBER STATUS DATA GRAPHS**

**NOTE:** December data are “first look” and are subject to change.

**FIGURE 1. Evaluation Orders**



**FIGURE 2. Restoration Orders**

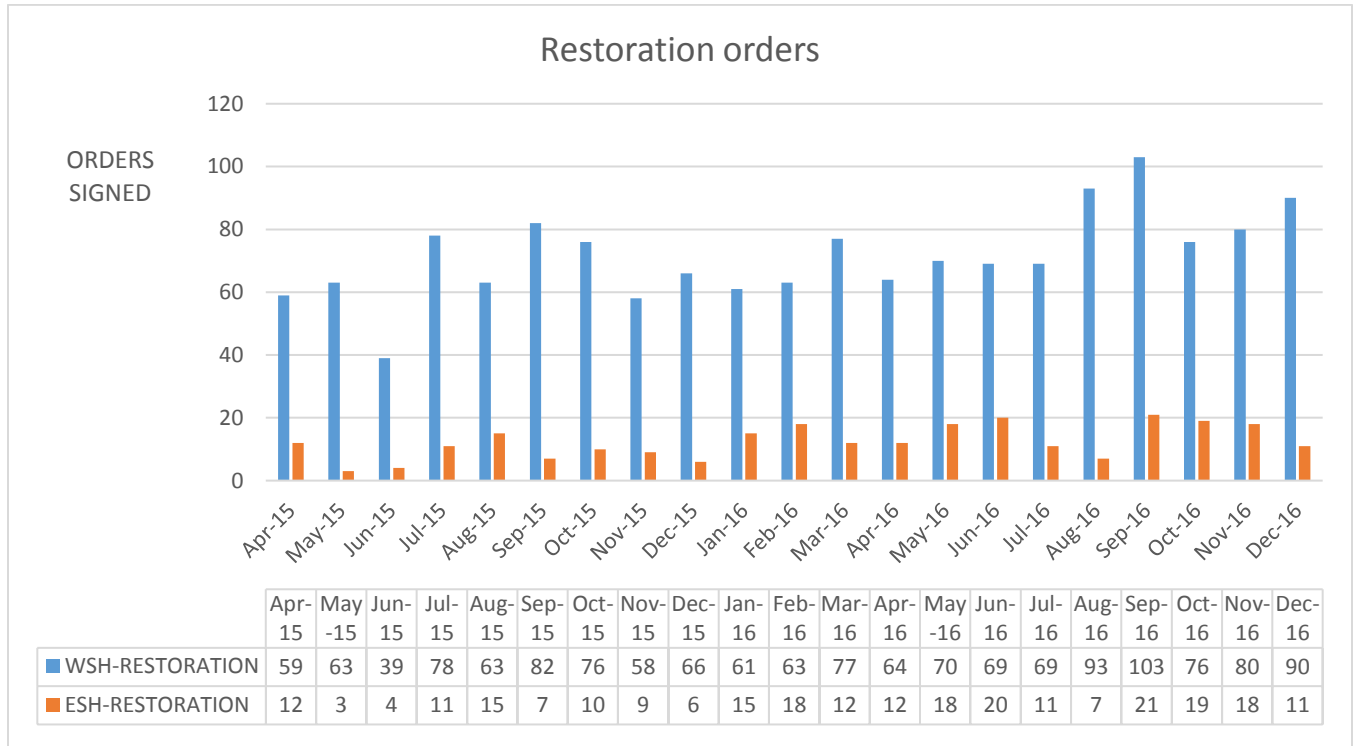


FIGURE 3. Evaluations – Median

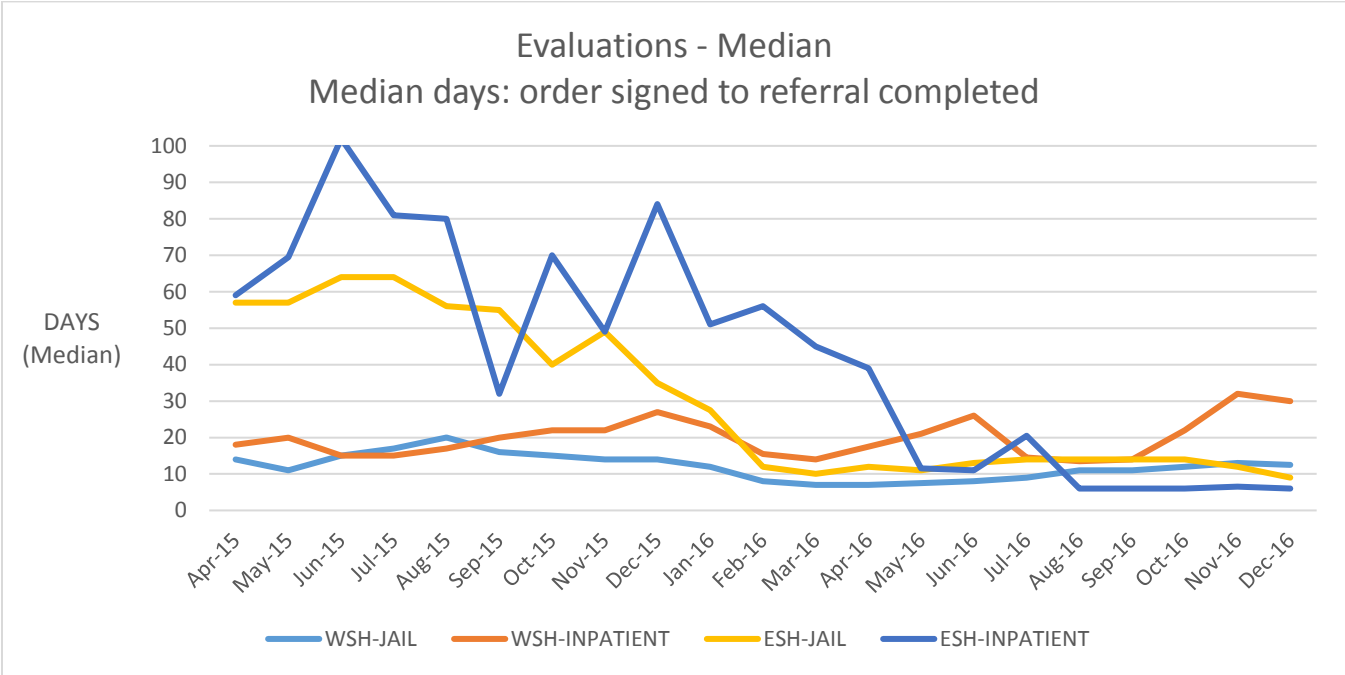


FIGURE 4. Evaluations – Average

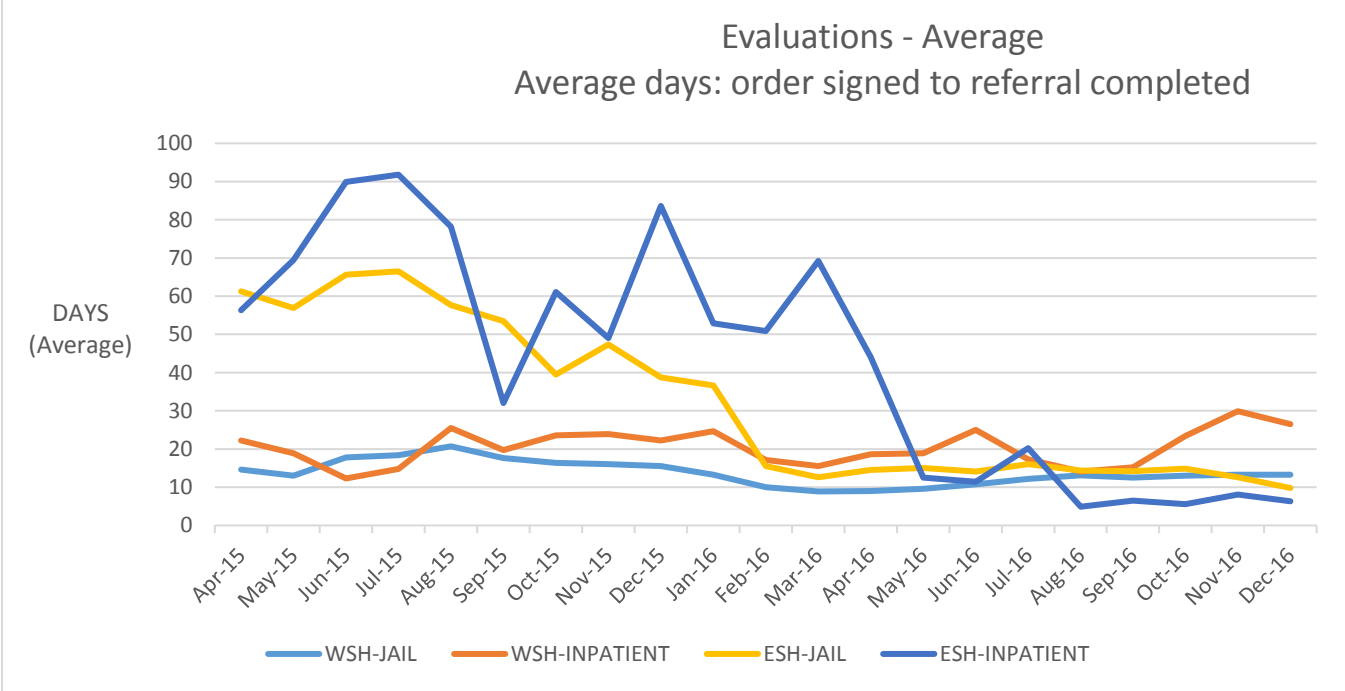


FIGURE 5. Restorations - Median

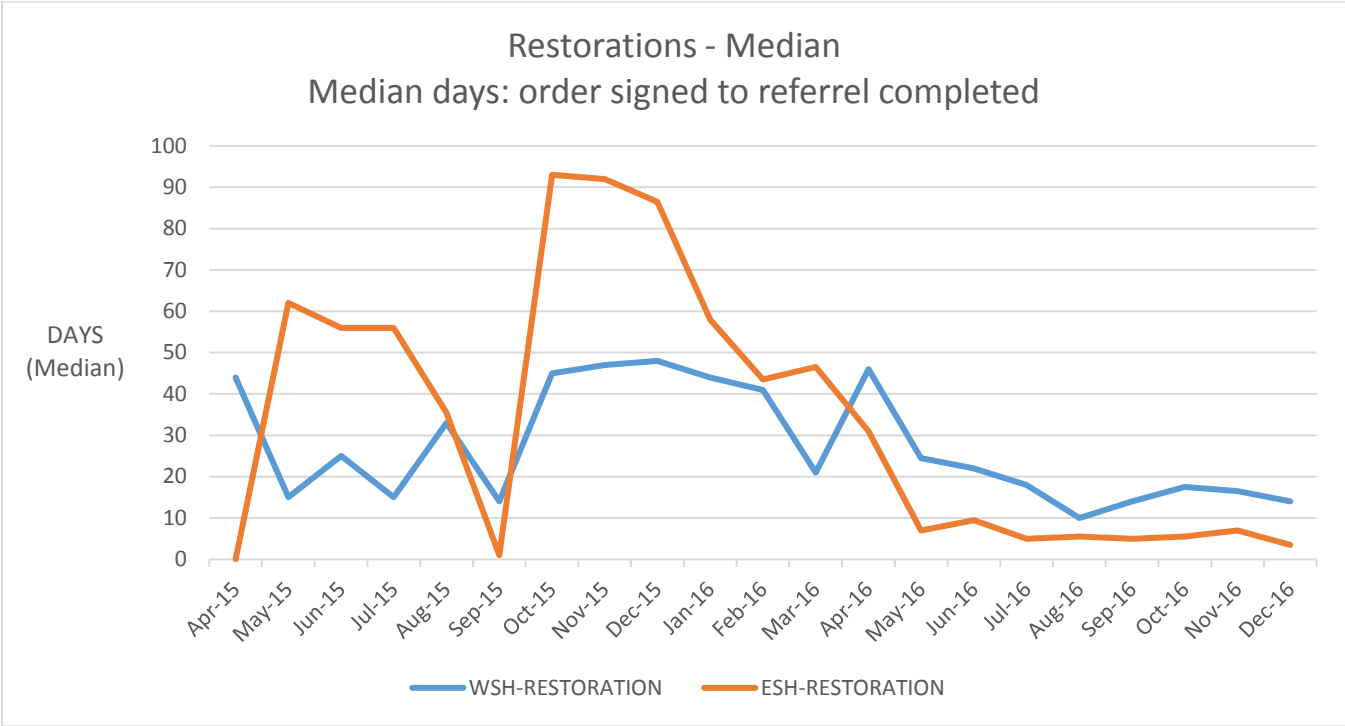
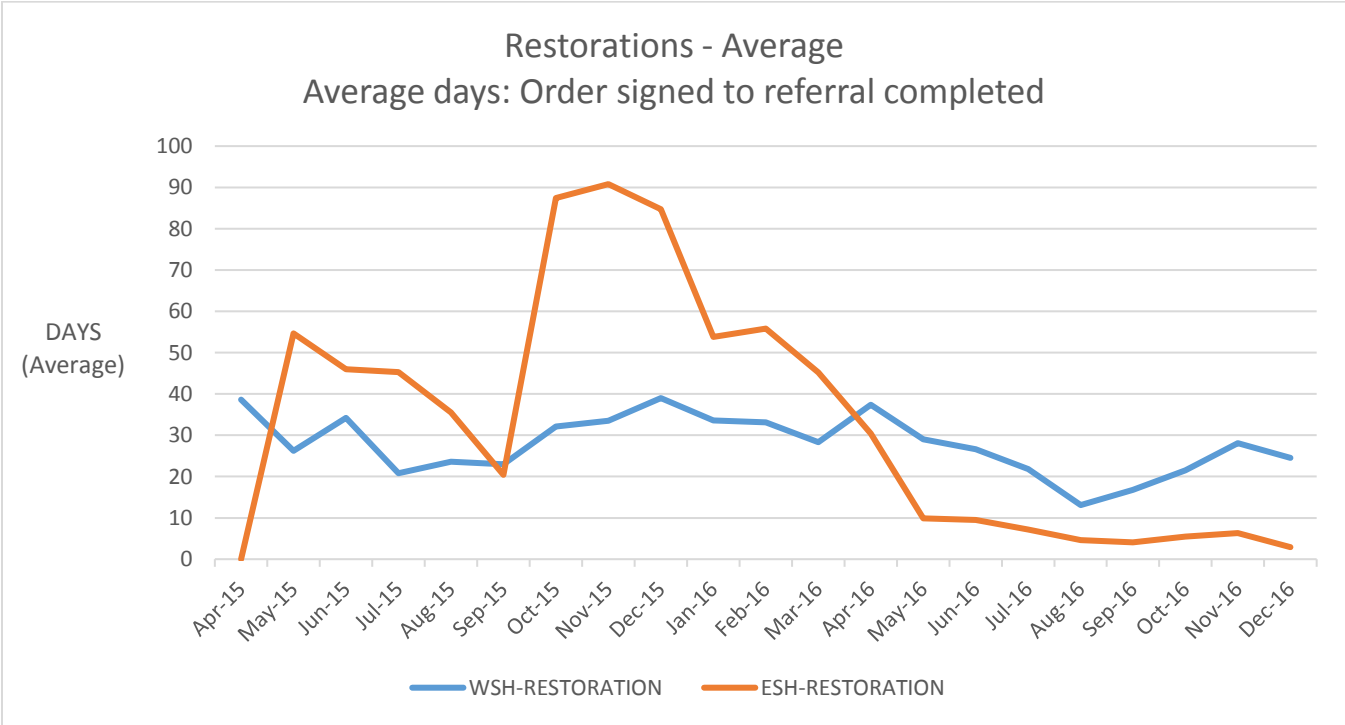


FIGURE 6. Restorations – Average



**TABLE 4.** Summary of jail evaluations, in-patient evaluations, and restorations by month since February 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed.** December numbers are first look, and percentages will increase as many cases (those with orders at the end of the month) will close within the fourteen day window.

<b>TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED</b>			
MONTH	14 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS
Feb-16	196	244	80.3%
Mar-16	244	288	84.7%
Apr-16	202	239	84.5%
May-16	209	259	80.7%
Jun-16	189	282	67.0%
Jul-16	195	273	71.4%
Aug-16	205	300	68.3%
Sep-16	201	306	65.7%
Oct-16	238	309	77.0%
Nov-16	162	249	65.1%
<b>Dec-16</b>	<b>139</b>	<b>234</b>	<b>59.4%</b>
<b>TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED</b>			
MONTH	7 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS
Feb-16	1	19	5.3%
Mar-16	2	30	6.7%
Apr-16	3	22	13.6%
May-16	4	22	18.2%
Jun-16	0	25	0.0%
Jul-16	4	20	20.0%
Aug-16	17	44	38.6%
Sep-16	12	33	36.4%
Oct-16	14	31	45.2%
Nov-16	6	29	20.7%
<b>Dec-16</b>	<b>10</b>	<b>26</b>	<b>38.5%</b>
<b>TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED</b>			
MONTH	7 DAYS OR LESS	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS
Feb-16	7	78	9.0%
Mar-16	20	98	20.4%
Apr-16	12	76	15.8%
May-16	24	84	28.6%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	39	123	31.7%
Oct-16	24	94	25.5%
Nov-16	30	96	31.3%
<b>Dec-16</b>	<b>25</b>	<b>101</b>	<b>24.8%</b>

## RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

---

### Need Projections and Bed Capacity

The investment made by the Legislature in the 15-17 biennial budget, and the short and long-term strategies that are being undertaken, will enable Washington to provide competency services in accordance with the established time limits. Washington is making every effort to provide competency services within the seven-day and fourteen-day standards as soon as it is possible.

Compliance projections were initially based on the estimates and data included in previous monthly reports, the Long Term Plan dated July 2015, and the May 2016 revised Long Term Plan. An updated projection model was developed and preliminary results were submitted to Dr. Danna Mauch on July 29, 2016. In September (and later finalized in November), DSHS prepared the next draft of the wait-time projections model for when the Department may meet the 7-day compliance requirement for inpatient competency services using the most recent 12-month data available at that time (August 2015 to July 2016). The results and interpretations of that model were included in the December report. DSHS is currently working to update the projections based on more recent data that reflect changes in system performance since July 2015, and will share the results when they are completed.

OFMHS did not hire any inpatient forensic evaluators in the month of December while continuing to interview for 2 inpatient evaluators at ESH, 1 outstation evaluator for Yakima County, , and 2 supervisor positions. An offer was made and accepted for the Thurston County outstation with a start scheduled for early January. A tentative offer was made to a forensic evaluator supervisor in the month of October, which is still pending at this time. OFMHS also established a support position at WSH for evaluators and other stakeholders with recruitment interviews completed in December. A top applicant was selected and an offer will be made in January after all requisite background and reference checks are completed.

## **TRUEBLOOD KEY ACCOMPLISHMENTS – DECEMBER 2016**

---

### **RECRUITMENT**

- Recruitment efforts continue on the Systems Improvement Agreement (SIA) project. It is estimated that there will be over 300 positions added at WSH. To date, the SIA recruitment team has identified and referred over 1000 vetted candidates for a variety of positions.
- A strategy and staffing plan for a physician and psychiatrist dedicated recruitment unit for Eastern and Western State Hospitals has been approved by Acting Secretary Pat Lashway.
- Recruitment continues at Maple Lane for Residential Rehabilitation Counselor and Security Guard positions vacated by natural attrition.
- The recruitment effort for forensic psychologists and forensic psychologist supervisors is nearing completion at the OFMHS. Two positions remain in recruitment status – a forensic evaluator in Spokane and one in Yakima. Hiring decisions are being made during the month of January.
- The Talent Acquisition team has recruited over 1600 vetted candidates to fill 178 positions for the WSH Emergency Hiring Project.
- Ted Koska will assume the role of Talent Acquisition Manager at the WSH Hiring Center effective immediately. The Hiring Center direction will be changing significantly over the next couple of months.

### **RESIDENTIAL TREATMENT FACILITIES**

- As of December 31, the census at the Yakima Competency Restoration Program was 19. A total of 80 patients have been admitted since the program opened. Out of this total, 46 completed the program and were determined competent, 9 were determined not likely restorable, 8 were recommended for an additional period of restoration and received an order for an additional 90 days of restoration services, which were provided at the Yakima program. A total of 6 patients have been transferred to the state hospital. Thirty-one (31) patients have been recommended for early evaluation.
- As of December 31, the census at the Maple Lane Competency Restoration Program was 27. A total of 137 patients have been admitted since the program opened. Out of this total, 102 patients have been discharged, 63 completed the program and were opined competent, 12 were determined not likely restorable, 20 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services, 16 were recommended for an additional period of restoration, 10 have been transferred to the state hospital, and 26 patients have been referred for early evaluation.



**TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JULY 2016**

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Court Appointed Monitor Coordination</b>				
Monthly Reports	Release 11/15 report	Complete	<ul style="list-style-type: none"> <li>Maintain compliance with the Court.</li> <li>Use data to review and improve the provision of forensic services.</li> </ul>	<ul style="list-style-type: none"> <li>Released December report to Stakeholders following review of Court Monitor.</li> </ul>
	Submit 12/15 Report	11/15/2016		
<b>Legislative Coordination</b>				
Implement Engrossed Substitute Senate Bill (ESSB) 6656: Funding applications	Apply for funding from the Office of Financial Management (OFM) from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	Passed legislature. Expires on July 1, 2019 per Section 14.	<ul style="list-style-type: none"> <li>Section 5(2) requires 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 consultants' report is due to the Governor and Legislature by Oct. 1, 2016.</li> <li>Section 5(3) requires 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 consultants'</li> </ul>	<ul style="list-style-type: none"> <li>The Select Committee for Quality Improvement in State Hospitals met on December 20, 2016, with further discussion of the recommendations in the final reports from consultants engaged pursuant to Section 5 of ESSB 6656. Discussion of Governor Inslee's mental health budget to implement the recommendations was also heard. Complete meeting materials are available at: <a href="http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals">http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals</a></li> <li>Jail Diversion Consultant: The Governor's Office executed a contract with Joplin consulting to examine how to best divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms. Joplin consulting started the process of interviewing key stakeholders and sending out a survey during the month of August. On 8/26, Dr. Kinlen and the Liaison participated in a conference call with Lore Joplin. Two additional meetings occurred with the last meeting with the consultants held on October</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<p>report is due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> <li>Section 6 creates 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.</li> </ul>	<p>21, 2016. DSHS reviewed current diversion efforts by OFMHS and provided recommendations to the consultant group for next steps. The final <a href="#">recommendations report</a> was submitted to the Legislature of 12/2/16.</p>
<p>Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review</p>	<p>Consult DOH</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The DSHS/OFMHS forensic evaluation training and certification workgroup proposed a plan to standardize training of forensic evaluators and to develop a certification program. The initial phase of the certification program will be to develop and evaluate a training/certification program for current state employees to inform state-wide implementation. A state-wide certification program will require legislation and funding. DSHS will continue to work with DOH and other stakeholders regarding the next steps in considering evaluator certification. DOH has suggested that a sunrise review be conducted, which requires a formal legislative request and additional DOH review. DSHS/OFMHS held initial meetings with Labor in December 2016 to discuss the plans.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
<b>Labor Coordination</b>				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	<ul style="list-style-type: none"> <li>• Discuss policy, budget and operational changes likely required to comply with the Trueblood requirements.</li> <li>• Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals.</li> <li>• Obtain necessary psychiatrists and physicians to supplement services proved by employees at Western State Hospital to safely support the operation of additional forensic and civil beds.</li> </ul>	<ul style="list-style-type: none"> <li>• All contract negotiations were completed and the contracts were ratified by their perspective members prior to midnight on October 1st. It is important to note that all of the contracts are subject to legislative approval.</li> </ul>
<b>Data Collection and Fiscal Modeling</b>				
Monthly report data collection	Identify and obtain needed data	Ongoing	<ul style="list-style-type: none"> <li>• Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.</li> </ul>	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	<ul style="list-style-type: none"> <li>• Ensure completeness and accuracy of wait list data.</li> </ul>	Data validation process is ongoing.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Hire Lead Developer Position	Recruit, hire and onboard	Complete	<ul style="list-style-type: none"> <li>• Build a technology solution to establish a common platform to transmit data between the State Hospitals and over 240 different jurisdictions to improve timeliness.</li> <li>• Provide hands-on partner training across the system.</li> </ul>	Full complement of Development Team to be on board in mid-January (includes Lead Developer, Web Developer, and Senior Developer).
Forensic Data System Design/ Development	Build data models	Use case Architecture complete.	<ul style="list-style-type: none"> <li>• 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 (whichever is later).</li> <li>• Provide capability for access by evaluators to discovery documents and any status changes, regardless of location, to reduce delays.</li> <li>• Provide platform for quality reporting from single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.</li> </ul>	<ul style="list-style-type: none"> <li>• Concept review with the state’s Office of the Chief Information Officer (OCIO) completed.</li> <li>• The project is currently in the design phase. Entity Relationship Diagram (ERD) developed.</li> <li>• Met with OFMHS about Admission Waitlist prioritization. IT will require clarity on the policy from OFMHS workgroup around this area.</li> <li>• Once development staff is on board (mid-January) and the OCIO has approved the project, a full project plan will be created to map out the remaining phases (including tasks and timeline) of the project – development, testing, training, and implementation.</li> </ul>
	Finalized Gaps analysis	Complete		
	Finalized task list and timeline	Plan revised and updated through Design Components		
	Establish Project Governance charter	Complete		
<b>Human Resources</b>				
Hire Office of Forensic Services HQ positions	Hire and Onboard	Complete	Provide infrastructure for forensic services system and improve effective and timely provision of competency services.	<ul style="list-style-type: none"> <li>• There are no vacancies in OFMHS HQ.</li> <li>• Interviews started in August to hire two forensic supervisors and interviews have continued. One tentative offer has been made to a forensic evaluator supervisor and additional interviews were scheduled in November and continued in</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				December to fill the remaining two positions. A third supervisor position was approved and interviews are also being conducted for this position. Second interviews are scheduled in January for two qualified forensic supervisor positions.
Hire additional hospital ward staff	Conduct targeted hiring events	In progress	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.	<ul style="list-style-type: none"> <li>A new strategy for handling physicians and psychiatrists after they have been referred to WSH by the recruitment team is being discussed and planned. Currently, the time in-between referral and making a hiring decision is too long.</li> </ul>
	Pursue contracting			
<b>Competency Evaluation</b>				
Build capacity for out-station sites	Site agreements	N/A	<ul style="list-style-type: none"> <li>Increased capacity at out-station sites will reduce wait time for evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The Tri-Cities outstation is operational. An evaluator has been selected and will be providing services out of the Maple Lane facility at this time.</li> </ul>
	Out-station sites operational	Completed		
Coordinate with forensic mental health system partners	Present at the Washington Association of Sheriffs and Police Chiefs (WASPC) annual conference	Ongoing	<ul style="list-style-type: none"> <li>Conversations with select jails close to hospitals or already designated for outstation sites are focused on creating space for evaluations on a regularly scheduled basis and ability to transport to state hospital. Secondly to discuss with local defenders associations regarding predictable availability to attend with clients; courts for coordination of timely transmittal of orders and documents; and local mental health agencies for additional supports and perhaps space where that is identified as a challenge.</li> </ul>	<ul style="list-style-type: none"> <li>All four prosecutorial diversion programs have formally begun accepting referrals. A quarterly meeting occurred 12/22/16.</li> <li>Liaison attended the 12/1/16 meeting on jail standards. Currently there are no statewide jail standards. OFHMS has an interest in the standardization of jail policies and procedures at a statewide level.</li> <li>On 12/2/16, Liaison met with Great Rivers BHO to discuss diversion options within the BHO service area.</li> <li>Office of Forensic Mental Health Services Director and Liaison Specialist are participating as members of the WINGS Public Guardianship Steering</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<ul style="list-style-type: none"> <li>• Presentations at the WASPC conference will provide opportunity to inform about impacts of Trueblood decision and make connections with members for future planning to facilitate transfer and access to reduce wait times and provide competency services.</li> </ul>	<p>Committee with the Administrative Office of the Courts (AOC) to explore the possibility of utilizing public guardianship and other less restrictive options to the benefit of the forensic population. The team is working with Aging and Long Term Support Administration and the Research and Development Administration to obtain current data on populations best served by guardianships.</p> <ul style="list-style-type: none"> <li>• Liaison participates in an Outreach and Re-Entry Committee lead by the Health Care Authority (HCA), which is exploring diversion options for individuals with behavioral health issues involved in the forensic system. HCA is soliciting input from other agencies for ideas on pilot programming.</li> <li>• DSHS, in collaboration with partners, launched a pilot coordinated evaluation calendar (PCEC) in King County Superior Court on May 31, 2016. After a six month pilot period, the PCEC Big Group was reconvened on 12/19 to discuss the future of the pilot. It was agreed that PCEC wasn't working as is and shouldn't be expanded based on the data. An alternate to PCEC was proposed.</li> <li>• The Governor's Office has contracted the services of Joplin Consulting to perform an assessment of jail diversion options throughout the state. OFMHS is working very closely with the consultants to keep them abreast of court mandates and plans currently in progress. Liaison and Dr. Kinlen have met with the consultants to discuss OFHMS jail diversion strategies, such as diversion projects and the comprehensive triage planning process. The</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>final report was submitted to the legislature on 12/2/16.</p> <ul style="list-style-type: none"> <li>• OFMHS is working in collaboration with plaintiffs, AGs, and Court Monitor on the Diversion RFP Plan. DRW released the RFP on 12/16/16. .</li> <li>• Pending county meetings: Clallam (Feb.); Pend Orielle (Feb.); Stevens (Feb.); Okanogan (Feb.); Franklin (Feb.)</li> </ul>
Continue current county-conducted evaluation system until 2018	Establish quality criteria for evaluation reports	Ongoing	Obtain data needed from counties in order to meet court ordered reporting requirements.	The OFMHS quality management team has initiated reviews of forensic evaluation reports from 10.77 ordered evaluations. The team has developed a checklist for evaluating forensic evaluation reports. The initial roll out date is scheduled for January/February 2017.
Explore and pursue triage system possibilities	Roll out Phase II	In progress	Establish an efficient evaluation to identify individuals who: need inpatient services due to serious mental health condition; clearly do not require inpatient evaluation services; or are clearly competent due to changes in their condition since the issuance of an order for evaluation (such as no longer drug affected).	<ul style="list-style-type: none"> <li>• On 9/9, OFMHS and the hospitals convened to discuss gaps in the current triage process and next steps of Phase II. It was decided to continue the current process, while pulling together a team of subject matter experts both at the hospital and stakeholder level to develop a comprehensive triage plan. Triage Planning and Implementation Team meetings occurred 10/4, 10/17, and 10/26 Workgroup input will be incorporated into the Planning document submitted to the plaintiffs and Court Monitor November 15.</li> <li>• As of 12/31/2016, DSHS has received forty-one triage referrals from jail staff and approved thirty-three. Two referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, and five were rejected.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<ul style="list-style-type: none"> <li>On November 2, OFMHS began calling jails when records indicate that there is an in-custody defendant who has been awaiting 14 days for a competency evaluation. The purpose of the communication is to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. As of 1/4/17, 349 phone calls/emails have been made to jails. None have resulted in an expedited admissions referral.</li> </ul>
<b>Competency Restoration</b>				
WSH; E2 and F3 Wards: add 30 beds	Bed Occupancy	TBD	Serves overall plan to add 90 beds and expand State Hospital bed capacity to meet Court ordered compliance date.	To meet the requirements set out by CMS, DSHS plans to expand at WSH have been postponed.
Provide Restoration Treatment at the Maple Lane Competency Restoration Program	Open Maple Lane facility	Complete	<ul style="list-style-type: none"> <li>Identify alternate facility capacity to meet <i>Trueblood</i> compliance.</li> <li>Any competency restoration treatment program at Maple Lane is anticipated to transfer to operation at a State Hospital before DOC would be housing inmates on that campus.</li> </ul>	As of December 31, the census at the Maple Lane Competency Restoration Program was 27. A total of 137 patients have been admitted since the program opened. Of these, 102 patients have been discharged. 63 completed the program and were opined competent. 12 were determined not likely restorable. 20 misdemeanor patients were not restored and by law could not be offered an additional period of restoration services. 16 patients were recommended for an additional period of restoration. 10 have been transferred to the state hospital. 26 patients have been referred for early evaluation.
	Restore patients to competency	Ongoing		



Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Provide Restoration Treatment at the Yakima Competency Restoration Program.	Open Yakima facility	Complete	<ul style="list-style-type: none"> <li>• Anticipated duration of one year and possible one year extension.</li> <li>• Identify alternate facility capacity to support timely competency services that will meet the Trueblood compliance deadline of 05/27/16.</li> </ul>	As of December 31, the census at the Yakima Competency Restoration Program was 19. A total of 80 patients have been admitted since the program opened. Of these, 46 completed the program and were determined competent, 9 were determined not likely restorable, 8 were recommended for an additional period of restoration and received an order for an additional 90 days of restoration services, which were provided at the Yakima program. A total of 6 patients have been transferred to the state hospital. Thirty-one (31) patients have been recommended for early evaluation.
	Restore patients to competency	Ongoing		
County transport of patients	Coordinate with counties to develop transport protocols	Ongoing	Ensure timely transport of patients to support delivery of competency services as directed in court order.	<ul style="list-style-type: none"> <li>• Pierce County continues to produce court orders that limit transportation only to the state hospital, rather than allowing transportation to the RTFs. Consequently, a letter to Pierce County courts, attorneys and jails is in use, which informs parties that an available bed has been identified at an RTF and could be offered. The letter requests that the parties submit an amended court order that complies with state law. A quarterly meeting has been scheduled on 1/31/17 to discuss this and other issues.</li> </ul>
<b>Diversion Alternatives</b>				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment	Diversion Programs are Operational	Ongoing	Prosecutor can dismiss criminal charges without prejudice & refer to community-based mental health services.	<ul style="list-style-type: none"> <li>• All prosecutorial diversion programs have formally begun accepting referrals. The quarterly monitoring meeting occurred 12/21/16.</li> </ul>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Increase diversion opportunities	Governor's Office to contract with diversion consultant	In Process	Hire a consultant to identify how to best divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms with appropriate stakeholders.	<ul style="list-style-type: none"> <li>• A contract with a Diversion Consultant has been executed. OFMHS has had several phone conferences with the consultants and met with them on 10/21. The final report was released 12/2/16.</li> <li>• DSHS is participating in an HCA/DOC/DSHS Re-entry Workgroup to discuss service options for individuals transitioning from jail to the community.</li> </ul>

## FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES

The status updates to the February 8, 2016 Court Order are shown below.

<b>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 require, by:</b>			
Requirements	Date	Status	Progress Notes
A. Producing a triage plan for review and comment	March 1, 2016	Complete	Complete
B. Putting the triage plan into effect, after accounting for the comments received	March 15, 2016	Complete	Complete
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	See 3c below and review task progress in "explore and pursue triage system possibilities."
<b>2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:</b>			
A. Formally notifying DSHS's forensic evaluators and Pierce County's panel evaluators of plan to eliminate the backlog of people waiting for in-jail evaluations and requesting their help in doing so, and providing plans to get evaluations done through the use of extra duty pay and other methods available	February 15, 2016	Complete	Complete
B. Preparing a list of all backlog cases, organized by jail and by county	March 1, 2016	Complete	Complete
C. Finalizing recruitment of evaluators to aid in the backlog elimination effort and setting a schedule for the evaluation of each backlog case	March 1, 2016	Complete	Complete
D. Initiating the backlog elimination effort	March 7, 2016	Complete	Complete

<p>E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month).</p>	<p>April 15, 2016, Ongoing</p>	<p>Ongoing</p>	<p>Of the 234 jail evaluation orders signed in December, 139 were completed within 14 days, which is 59.4%.</p>
<p><b>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, by:</b></p>			
<p>C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>As of 12/31/2016, DSHS has received forty-one triage referrals from jail staff and approved thirty-three. Two referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, and five were rejected. On average, it takes 7 days for an individual to be expedited through the triage system. The turnaround time for material review from both the triage consultant and the Chief Medical Officer has been quick -within 2 days. Additional information and updates on the triage system may be found in the "explore and pursue triage system possibilities" task in the Trueblood Implementation Steps matrix above.</p>
<p><b>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, by:</b></p>			
<p>C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016</p>	<p>Complete</p>	<p>As of 12/31/2016, DSHS has received forty-one triage referrals from jail staff and approved thirty-three. Two referrals were admitted to WSH prior to completion of the triage process, one did not have an order for restoration at the time of referral, and five were rejected. On average, it takes 7 days for an individual to be expedited through the triage system. The turnaround time for material review from both the triage consultant and the Chief Medical Officer has been quick -within 2 days. Additional information and updates on the triage system may be found in the "explore and pursue triage system possibilities" task in the Trueblood Implementation Steps matrix above.</p>
<p><b>5. Report on the implementation status of the CMS Plan of Correction by:</b></p>			

<p>B. Reporting on the implementation status in Defendants’ monthly reports to the Court Monitor</p>	<p>Beginning March 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>On June 2, 2016, DSHS finalized negotiations with CMS to enter into a 13 month Systems Improvement Agreement (SIA) to allow Western State Hospital (WSH) the time and guidance needed to fix systemic operating problems and put more focus on patient treatment and overall safety. Signing the SIA rescinds the termination of CMS’s Medicare Provider Agreement with WSH, but allows CMS to reissue termination if it finds that the hospital is not progressing toward full compliance with the Medicare Conditions of Participation (CoPs), a requirement for federal funding. The Department does not anticipate expansion of bed capacity at WSH to be implemented during the 13 month SIA.</p>
<p><b>6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS’s terms of participation is achieved in March by:</b></p>			
<p>C. Reporting on the implementation status of the plan and timeframe in Defendants’ monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>DSHS has taken the actions necessary to support the transition of restoration beds back to the state hospitals by July of 2017. Next steps towards this effort will begin in January 2017.</p>
<p><b>8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:</b></p>			
<p>D. Executing contracts for implementation by the selected providers</p>	<p>April 15, 2016</p>	<p>Complete</p>	<p>DSHS issued a supplemental budget request in October to release the unused federal funds as state funds. This will allow DSHS greater flexibility in funding diversion projects. As a next step, the Governor will review all state agency budget requests and develop his budget proposal to the Legislature. The Legislature will then build and pass a budget. We will have to wait until the next budget is passed to know whether the funding is provided. The Legislative session begins in January 2017.</p>
<p><b>10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:</b></p>			
<p>E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system</p>	<p>May 27, 2016</p>	<p>Ongoing</p>	<p>Completed review with the state’s Office of the Chief Information Officer. Completed staffing of Development Team. Finalizing Design.</p>

## JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

---

The three status updates required in the July 7th Court Order are below.

1. Monetary sanctions – fines are imposed on a per class member, per day basis. On the 15<sup>th</sup> of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on December 15, 2016 and will be included in this report when finalized as Appendix I.
2. Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines. The Diversion Workgroup submitted the court ordered Diversion Plan on August 19, 2016. The Diversion Services Request for Proposal (RFP) was submitted to the Court on November 4, 2016. An update on the RFP process may be found on pages 22-23.
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 Table 4.

## AUGUST 15, 2016 ORDER MODIFYING PERMANENT INJECTION AS TO IN JAIL COMPETENCY EVALUATIONS

---

Pursuant to the August 15, 2016 court order, DSHS 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's 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<sup>th</sup> court order, DSHS identified a series of necessary changes that will enable DSHS to comply with the order, to include 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;
10. Modify the current IT systems or develop a new database in which to maintain the information once all above steps are completed.

To date, DSHS has completed identification of the data elements, developed a process for the evaluators to collect the data that will be entered and reported to the courts, and developed the data dictionary. The process of reporting the information to the courts and identifying a cutoff date for seeking an extension, and the standardized forms, operating procedure, and coordination for Assistant Attorney General (AAG) representation have been completed. Interim steps for maintaining the data for monthly reporting were identified and implemented while the current IT system is modified. Through use of the interim solution, DSHS is now collecting data on use of the good cause exception. The data required to be reported can be found in Appendix K in the final report. A work group has been planned to review the good cause procedure and improve implementation and interim data collection across both hospitals.

**APPENDICES**

**Appendices A – H:**

These appendices are included in two excel files (November mature and December first look) and submitted as attachments to the report.

**Appendix I: Calculation of Contempt Fines**

This appendix is included as an excel file and submitted as an attachment to the report.

**Appendix J: Outliers and Delay Comments**

Hospital	Class Member	Location	County	Completion Method or Incomplete	Order Signed Date	Number of days from signed order to:				COMMENTS
						Order received	Discovery	Complete	Incomplete to End of Reporting Period	
<b>EVALUATION OUTLIERS</b>										
WSH	7733	INPATIENT	KING	INCOMPLETE	10/17/2016	0	0	.	75	BED OFFERED 1/9/17
WSH	8111	JAIL	THURSTON	INCOMPLETE	11/3/2016	25	25	.	58	COURT DID NOT SUBMIT FOR 25 DAYS. FAXED 1/12/17
WSH	8444	JAIL	SKAGIT	INCOMPLETE	12/1/2016	1	1	.	30	FAXED 12/15/16
WSH	8455	INPATIENT	SKAGIT	INCOMPLETE	12/1/2016	18	18	.	30	COURT DID NOT SUBMIT FOR 18 DAYS. BED OFFERED 1/5/17
WSH	8456	INPATIENT	KING	INCOMPLETE	12/1/2016	0	0	.	30	BED OFFERED 12/23/16
WSH	8467	INPATIENT	PIERCE	INCOMPLETE	12/2/2016	0	0	.	29	BED OFFERED 12/22/16
WSH	8468	INPATIENT	KING	INCOMPLETE	12/2/2016	0	0	.	29	BED OFFERED 1/9/17
WSH	8521	INPATIENT	WHATCOM	BED OFFERED	12/8/2016	0	0	.	23	BED OFFERED 1/3/17

Hospital	Class Member	County	Offense	Completion Method or Incomplete	Order Signed Date	Number of Days from Signed Order to:				COMMENTS
						Received	Discovery	Complete	Incomplete: to End of Reporting Period	
<b>RESTORATION OUTLIERS</b>										
WSH	8330	KITSAP	FELONY CLASS B	INCOMPLETE	10/12/2016	56	56	.	80	COURT DID NOT SUBMIT FOR 56 DAYS.
WSH	7996	PIERCE	FELONY CLASS B	INCOMPLETE	10/19/2016	1	1	.	73	BED OFFERED 1/4/17
WSH	8001	COWLITZ	FELONY CLASS B	INCOMPLETE	10/20/2016	0	0	.	72	NOTIFIED OF PR STATUS CHANGE ON
WSH	8012	PIERCE	FELONY CLASS B	BED OFFERED	10/26/2016	0	0	.	66	BED OFFERED 1/3/17
WSH	8067	KING	FELONY	BED OFFERED	10/27/2016	6	6	.	65	COURT DID NOT SUBMIT FOR 6 DAYS.BED OFFERED 1/3/17
WSH	8331	PIERCE	FELONY CLASS B	INCOMPLETE	10/27/2016	1	1	.	65	NOTIFIED OF PR STATUS CHANGE ON 1/3/17
WSH	8019	THURSTON	FELONY	INCOMPLETE	10/31/2016	0	0	.	61	BED OFFERED 1/12/17
WSH	8338	KING	FELONY	INCOMPLETE	11/2/2016	0	0	.	59	BED OFFERED 1/6/17
WSH	8339	PIERCE	FELONY CLASS B	INCOMPLETE	11/2/2016	1	1	.	59	BED OFFERED 1/5/17
WSH	8342	WHATCOM	FELONY	INCOMPLETE	11/3/2016	0	0	.	58	BED OFFERED 1/17/17
WSH	8343	CLALLAM	FELONY CLASS A	INCOMPLETE	11/3/2016	1	1	.	58	BED OFFERED 1/6/17
WSH	8705	CLALLAM	FELONY CLASS C	INCOMPLETE	11/4/2016	54	54	.	57	COURT DID NOT SUBMIT FOR 54 DAYS.BED OFFERED 1/4/17
WSH	8348	PIERCE	FELONY CLASS C	INCOMPLETE	11/7/2016	1	1	.	54	BED OFFERED 1/4/17
WSH	8353	CLARK	FELONY	INCOMPLETE	11/8/2016	0	0	.	53	BED OFFERED 1/6/17
WSH	8354	SNOHOMISH	FELONY	INCOMPLETE	11/8/2016	0	0	.	53	BED OFFERED 1/19/17
WSH	8359	PIERCE	FELONY CLASS C	INCOMPLETE	11/9/2016	1	1	.	52	BED OFFERED 1/4/17
WSH	8360	PIERCE	FELONY	INCOMPLETE	11/9/2016	1	1	.	52	BED OFFERED 1/4/17
WSH	8361	PIERCE	FELONY CLASS B	INCOMPLETE	11/9/2016	1	1	.	52	BED OFFERED 1/5/17
WSH	8364	PIERCE	FELONY CLASS C	INCOMPLETE	11/10/2016	4	4	.	51	COURT DID NOT SUBMIT FOR 4 DAYS.CANCELLED, RECEIVED DISMISSAL
WSH	8365	PIERCE	FELONY CLASS C	INCOMPLETE	11/14/2016	1	1	.	47	BED OFFERED 1/12/17
WSH	8366	PIERCE	FELONY CLASS C	INCOMPLETE	11/14/2016	0	0	.	47	BED OFFERED 1/13/17
WSH	8368	PIERCE	FELONY CLASS C	INCOMPLETE	11/15/2016	1	1	.	46	BED OFFERED 1/17/17
WSH	8369	PIERCE	FELONY	INCOMPLETE	11/15/2016	1	1	.	46	BED OFFERED 1/20/17
WSH	8372	PIERCE	FELONY	INCOMPLETE	11/16/2016	1	1	.	45	BED OFFERED 1/17/17
WSH	8374	PIERCE	FELONY CLASS B	INCOMPLETE	11/16/2016	1	1	.	45	BED OFFERED 1/6/17
WSH	8381	WHATCOM	FELONY	INCOMPLETE	11/17/2016	0	0	.	44	BED OFFERED 1/19/17



**Appendix K: Good Cause Exceptions**

Over the past three months, there have been 14 Good Cause exception requests submitted to the court, averaging between 4 to 5 cases a month. There were 13 requests submitted due to Attorney delay and 1 request submitted due to interpreter delay. In the month of December, there were 5 Good Cause exception requests submitted to the court. For the 5 cases for which a Good Cause exception was submitted in December, the average number of days from court order signed date to evaluator assignment was 8.4 days, and the average number of days from discovery received date to evaluator assignment was 4.2 days. Additionally, the average number of days from evaluator assignment to first contact with attorney was 0 days. For all 5 Good Cause exception requests submitted in December, no decision was received. This appendix is included as an excel file and submitted as an attachment to the report.