

***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

February 28, 2018

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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 February 15, 2018 and covers the events of January, 2018. 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. Additional orders were issued on July 7, 2016, August 15, 2016, and April 26, 2017. Status updates on these orders requiring narrative in this report begin on page 39.

This report provides the Class Member data for competency services displayed in two periods; December 1, 2017 – December 31, 2017 and January 1, 2018 – January 31, 2018. The December data are considered “mature” and the January 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 Mature Data: April 1, 2015 through December 31, 2017 (see appendix A-G)

Note: These data are based on number of days from signature and not the new timeframes as described in the April 26, 2017 Court Order.

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

- Average monthly jail-based evaluation orders signed for April 2015-December 2017
 - WSH: 214.9
 - ESH: 49.9
 - Both hospitals: 264.9
- Average monthly inpatient evaluation orders signed for April 2015-December 2017
 - WSH: 18.8
 - ESH: 7.4
 - Both hospitals: 26.2
- Average monthly restoration orders signed for April 2015-December 2017
 - WSH: 82.3
 - ESH: 14.2
 - Both hospitals: 96.5

Summary Points Related to Orders and Timeliness Based on Mature December Data (A-G appendix)

Orders:

- The number of jail-based evaluation orders at WSH fell to 179 in December from 262 the previous month, which is well below the 214.9 average, but is similar to the year-over-year number. ESH also saw a decrease to 52 orders from 64 the previous month, which is still above the 49.9 average. Combined, the hospitals received 231 orders in December, which is below the 264.9 average, but appears to be a seasonal dip.
- WSH received 16 inpatient evaluation orders which is below the 18.8 average. ESH had 12 inpatient evaluation orders, which is well above the 7.4 average. Orders at both sites totaled 28 which is also above the 26.2 average.
- WSH received 93 restoration orders which remains significantly higher than the 82.3 average. ESH had 22 orders which is well above the 14.2 average, and is the second highest total yet recorded. There were 115 restoration orders across both hospitals which is significantly higher than the 96.5 average.

Wait Times:

- Regarding jail-based 14 day evaluation completion times, WSH is at 9.7 days on average from order to completion and ESH is averaging 13.5 days. The combined average is 10.6 days.
- The average inpatient evaluation admission wait times at WSH is 43.5 days. ESH average is at 5.6 days. The combined average is 26.7 days.
- Restoration admission wait times at WSH is 37.7 days on average. The ESH average is 9.2 days. The combined average is 31.4 days.

Timeliness:

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 68% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at a 19% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at a 13% completion rate within 7 days.

Outlier Cases (Mature)

Type	Number of referrals:	Minimum Number of days between order signed and end of reporting period	Maximum Number of days between order signed and end of reporting period
In-Jail Evaluations:	1	48	48
Inpatient Evaluations:	13	25	61
Restorations:	71	41	107
REASONS FOR DELAY IN DATABASE		OUTLIER CASES	
Attorney scheduling conflict		0	
Change in status from PR to JH or JH to PR		0	
Client released from custody & can't be located		1	
Defendant would not cooperate or would not participate without attorney		0	
Good Cause Extension Needed		0	
Interpreter scheduling conflicts		0	
Late receipt of order or discovery availability delay		0	
Medical Record/Collateral Information		0	
NO DELAY RECORDED/No Reason Listed (cell was left blank)		83	
Other		1	
TOTAL:		85	

Dr. Dan Montaldi, Outpatient Evaluation Supervisor at Western State Hospital, discovered that there exists a discrepancy between inpatient and jail-based evaluations, and the manner in which evaluators enter reasons for delay; inpatient and jail-based evaluators do not have the same menu of reasons for delay due, in part, to the fact that inpatient reason for delay is almost always bed availability. This is driven by the fact that the performance standard for jail-based evaluations is geared toward completion of evaluation, whereas the performance standard for inpatient services is geared toward admission to the hospital. As such, the Department is working on separating jail-based and inpatient services into two tables that will allow for more-accurate data analysis with the understanding that each type of service has a different performance standard. We anticipate that, where inpatient services are concerned, “bed availability” (lack of capacity) will be the reason for delay in almost every instance.

OFMHS and its data team, Decision Support & Evaluation, are working to develop these two separate tables by which to report this data going forward; one for jail-based evaluations, and one for inpatient services. The Department believes this is a more meaningful way of presenting and analyzing this data. This format will be presented in the March report.

CLASS MEMBER STATUS DATA TABLES (See APPENDICES H-L “First Look” January)

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

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary ¹													
WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 14 days from receipt of order ^{2,3}	Percent completed within 14 days from receipt of order or within 21 days from order signature date ^{2,3}
			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-15	177	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%	Not Applicable	Not Applicable
	May-15	182	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%		
	Jun-15	210	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%		
	Jul-15	228	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%		
	Aug-15	170	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%		
	Sep-15	193	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%		
	Oct-15	189	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%		
	Nov-15	160	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%		
	Dec-15	194	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%		
	Jan-16	179	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%		
	Feb-16	205	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%		
	Mar-16	222	0.7	0.0	0.8	0.0	6.1	3.0	8.9	7.0	59%		
	Apr-16	201	0.8	0.0	0.8	0.0	6.1	5.0	9.0	7.0	57%		
	May-16	212	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%		
Jun-16	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 from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}
	Jul-16	227	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%	Not Applicable	Not Applicable
	Aug-16	231	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%		
	Sep-16	256	0.6	0.0	0.8	0.0	6.7	7.0	12.5	11.0	45%		
	Oct-16	236	0.5	0.0	0.9	0.0	8.1	6.0	13.0	12.0	50%		
	Nov-16	207	1.3	0.0	1.9	0.0	10.1	8.5	13.3	13.0	47%		
	Dec-16	190	1.2	0.0	1.7	0.0	8.8	9.0	13.3	13.0	56%		
	Jan-17	199	0.8	0.0	1.1	0.0	8.4	7.0	13.0	12.0	47%		
	Feb-17	181	1.2	0.0	1.6	0.0	7.4	5.0	12.1	12.0	56%		
	Mar-17	253	1.1	0.0	1.4	0.0	5.7	3.0	10.7	9.0	62%		
	Apr-17	213	0.6	0.0	0.8	0.0	8.2	5.0	10.8	9.5	63%		
	May-17	259	0.3	0.0	0.5	0.0	8.5	8.0	11.3	10.0	57%		
	Jun-17	274	0.2	0.0	0.6	0.0	6.3	4.0	13.7	13.0	40%		
	Jul-17	220	0.3	0.0	0.5	0.0	8.9	7.0	13.8	14.0	48%		
	Aug-17	272	0.6	0.0	0.9	0.0	5.6	3.0	12.6	11.0	54%		
	Sep-17	236	0.4	0.0	0.8	0.0	7.2	5.0	11.9	11.0	54%		
	Oct-17	256	0.5	0.0	0.9	0.0	7.9	6.0	12.6	11.0	52%		
	Nov-17	262	0.6	0.0	0.9	0.0	5.3	3.0	10.6	10.0	69%		
Dec-17	180	0.5	0.0	0.8	0.0	5.8	4.0	9.7	9.0	70%			
Jan-18	201	0.4	0.0	0.5	0.0	5.7	5.5	9.1	9.0	76%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and “percent completed” are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: “DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 days from signature of order”. To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 14 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 days from order signature date (if the order was received after 7 days from order signature date).

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

Table 2 Title: Competency Inpatient Evaluations and Restorations with Data Summary ¹													
WESTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 7 days from receipt of order ^{2,3}	Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{2,3}	
		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-15	10	5.8	1.0	5.8	1.0	10.7	7.0	22.2	18.0	22%	Not Applicable	Not Applicable
	May-15	9	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%		
	Jun-15	9	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%		
	Jul-15	14	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%		
	Aug-15	14	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%		
	Sep-15	14	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%		
	Oct-15	15	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%		
	Nov-15	15	1.7	1.0	1.7	1.0	14.1	12.0	23.9	22.0	6%		
	Dec-15	11	4.1	1.0	4.1	1.0	13.1	12.0	22.2	27.0	10%		
	Jan-16	13	4.0	1.0	3.8	1.0	12.2	11.0	24.7	23.0	0%		
	Feb-16	21	4.4	1.0	4.4	1.0	10.7	8.5	17.1	15.5	8%		
	Mar-16	25	3.1	1.0	3.1	1.0	6.8	7.0	15.5	14.0	10%		
	Apr-16	20	1.1	0.0	1.1	0.0	8.6	8.5	18.6	17.5	6%		
	May-16	18	1.7	1.0	1.7	1.0	9.5	6.0	18.9	21.0	16%		
	Jun-16	16	3.4	1.0	3.4	1.0	11.8	7.5	25.0	26.0	0%		
	Jul-16	21	4.7	2.0	4.7	2.0	7.5	4.0	17.3	14.5	6%		
	Aug-16	33	2.8	1.0	2.8	1.0	13.1	13.0	14.1	13.5	13%		
	Sep-16	23	2.5	1.0	2.5	1.0	14.0	14.0	15.2	14.0	11%		
	Oct-16	25	1.4	0.0	1.4	0.0	18.0	18.0	23.4	22.0	5%		
	Nov-16	22	1.2	0.0	1.2	0.0	22.0	22.5	29.9	32.0	5%		
	Dec-16	20	2.9	0.0	2.8	0.0	16.9	19.5	26.5	30.0	14%		
	Jan-17	15	2.5	0.0	2.5	0.0	17.3	20.0	22.2	14.0	22%		
	Feb-17	21	2.4	0.0	2.4	0.0	16.3	13.0	15.0	11.5	13%		
	Mar-17	26	1.6	0.0	2.0	0.0	11.5	15.0	23.6	27.0	6%		
	Apr-17	28	0.7	0.0	1.0	0.0	13.2	11.0	26.1	27.5	0%		
	May-17	28	2.1	0.0	2.1	0.0	22.6	20.0	27.6	34.0	7%		
	Jun-17	21	2.1	0.0	2.1	0.0	30.1	31.0	36.6	42.0	6%		
	Jul-17	16	0.9	0.0	0.9	0.0	32.9	30.0	42.4	48.0	10%		
	Aug-17	28	0.7	0.0	0.7	0.0	16.5	11.5	40.6	51.0	9%		
	Sep-17	22	0.3	0.0	0.3	0.0	27.8	31.0	32.3	36.0	7%		
	Oct-17	16	2.3	0.0	2.5	0.0	33.0	34.0	38.4	49.0	10%		
	Nov-17	15	1.4	0.0	1.6	0.0	31.8	27.0	50.5	48.0	0%		
Dec-17	16	4.2	0.5	4.2	0.5	31.4	32.0	43.5	50.0	8%			
Jan-18	15	3.2	0.5	3.2	0.0	33.2	31.0	48.4	60.5	5%			
Inpatient Restoration ⁴	Apr-15	60	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%	Not Applicable	Not Applicable
	May-15	59	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%		
	Jun-15	62	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%		
	Jul-15	77	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%		
	Aug-15	61	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%		
	Sep-15	95	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%		
	Oct-15	73	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%		
	Nov-15	55	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%		
	Dec-15	65	1.5	1.0	2.0	1.0	27.3	22.0	39.0	48.0	19%		
	Jan-16	61	2.7	0.0	2.9	0.0	29.2	18.5	33.6	44.0	23%		
	Feb-16	66	2.7	1.0	3.3	1.0	24.2	21.0	33.1	41.0	14%		
	Mar-16	81	2.0	0.0	2.5	0.0	25.9	27.0	28.3	21.0	30%		
	Apr-16	68	1.9	0.0	2.2	0.0	23.5	20.5	37.4	46.0	13%		
	May-16	68	1.7	0.0	2.0	0.0	23.1	21.5	29.0	24.5	25%		
	Jun-16	71	1.4	0.0	1.5	0.0	22.1	17.0	26.6	22.0	11%		
	Jul-16	67	1.7	0.0	1.7	0.0	11.8	6.0	21.8	18.0	14%		
	Aug-16	95	1.5	0.0	1.7	0.0	12.3	13.0	13.1	10.0	24%		
	Sep-16	104	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%		
	Oct-16	76	1.3	0.0	1.3	0.0	25.2	25.0	21.5	17.5	10%		
	Nov-16	81	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%		
	Dec-16	98	1.5	0.0	1.6	0.0	26.8	23.0	24.3	15.0	11%		
	Jan-17	87	1.9	0.0	1.9	0.0	25.5	21.0	28.8	19.0	16%		
	Feb-17	95	1.7	1.0	1.7	1.0	21.8	19.0	28.5	17.0	16%		
	Mar-17	109	1.5	0.0	1.5	0.0	23.9	21.0	33.2	20.0	13%		
	Apr-17	80	1.1	0.0	1.1	0.0	26.7	23.0	34.2	27.0	5%		
	May-17	103	1.4	0.0	1.4	0.0	27.0	22.0	31.8	26.0	11%		
	Jun-17	98	1.9	0.0	1.9	0.0	27.9	22.0	27.8	21.0	11%		
	Jul-17	102	1.5	0.0	1.5	0.0	24.2	18.0	35.3	19.0	9%		
	Aug-17	108	0.8	0.0	0.8	0.0	28.4	27.0	26.1	15.0	13%		
	Sep-17	98	0.8	0.0	0.8	0.0	29.1	23.0	35.3	25.0	10%		
	Oct-17	108	0.8	0.0	0.8	0.0	34.3	28.5	32.2	24.0	13%		
	Nov-17	92	1.6	0.0	1.6	0.0	38.1	34.5	38.8	39.0	13%		
Dec-17	87	1.6	0.0	1.6	0.0	43.8	34.0	37.7	35.0	12%			
Jan-18	77	1.0	0.0	0.9	0.0	47.3	43.0	51.7	43.5	6%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

⁴The inpatient restoration data for WSH includes those referrals that are admitted to Maple Lane and Yakima.

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

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary ¹													
EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 14 days from receipt of order ^{2,3}	Percent completed within 14 days from receipt of order or within 21 days from order signature date ^{2,3}	
		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-15	32	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%	Not Applicable	Not Applicable
	May-15	27	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%		
	Jun-15	30	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%		
	Jul-15	31	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%		
	Aug-15	22	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%		
	Sep-15	48	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%		
	Oct-15	30	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%		
	Nov-15	36	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%		
	Dec-15	42	1.7	0.0	3.2	1.0	21.7	18.0	38.7	35.0	3%		
	Jan-16	42	4.7	0.0	7.4	1.0	13.4	9.0	36.6	27.5	10%		
	Feb-16	39	1.4	0.0	2.0	1.0	10.4	6.0	15.5	12.0	25%		
	Mar-16	67	1.4	0.0	1.3	1.0	11.8	8.0	12.6	10.0	16%		
	Apr-16	39	1.4	0.0	1.7	0.0	11.0	6.5	14.5	12.0	11%		
	May-16	51	2.0	0.0	2.3	0.0	13.7	8.0	15.0	11.5	16%		
Jun-16	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 from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}
	Jul-16	54	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%	Not Applicable	Not Applicable
	Aug-16	73	0.9	0.0	1.1	0.0	6.3	6.0	14.4	14.0	38%		
	Sep-16	56	0.9	0.0	0.9	0.0	9.6	7.5	14.2	14.0	58%		
	Oct-16	59	1.0	0.0	1.3	0.0	9.1	10.0	14.9	14.0	42%		
	Nov-16	33	1.3	0.0	1.5	0.0	11.0	9.0	12.6	12.0	58%		
	Dec-16	62	0.6	0.0	0.9	0.0	7.3	9.0	10.2	10.0	64%		
	Jan-17	58	1.0	0.0	1.0	0.0	6.6	5.5	11.5	10.5	41%		
	Feb-17	52	1.1	0.0	1.7	1.0	9.3	6.0	14.0	14.0	32%		
	Mar-17	60	0.6	0.0	0.9	0.0	6.0	4.0	11.4	10.0	67%		
	Apr-17	48	0.4	0.0	0.6	0.0	7.6	5.5	10.7	9.0	61%		
	May-17	68	0.7	0.0	1.1	0.0	11.0	7.0	11.5	11.0	60%		
	Jun-17	70	1.6	0.0	1.6	0.0	7.6	4.0	12.7	10.0	49%		
	Jul-17	54	2.0	0.0	2.3	0.0	11.8	6.0	13.1	12.0	56%		
	Aug-17	73	0.7	0.0	0.9	0.0	4.6	2.0	12.2	9.0	56%		
	Sep-17	50	1.4	0.0	1.9	1.0	9.9	8.5	12.3	10.0	53%		
	Oct-17	62	1.4	0.0	2.0	1.0	7.4	5.0	11.1	10.0	60%		
	Nov-17	64	1.3	0.0	2.0	1.0	6.9	8.0	11.8	11.0	58%		
Dec-17	52	1.3	0.0	2.3	1.0	11.7	10.0	13.5	10.0	65%			
Jan-18	67	1.0	0.0	1.8	1.0	6.8	7.0	12.8	13.0	63%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadB132:0175line for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 14 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 days from order signature date (if the order was received after 7 days from order signature date).

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

Table2 Title: Competency Inpatient Evaluations and Restorations with Data Summary¹

EASTERN STATE HOSPITAL	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 7 days from receipt of order ^{2,3}	Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{2,3}	
		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-15	5	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%	Not Applicable	Not Applicable
	May-15	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%		
	Jun-15	3	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%		
	Jul-15	5	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%		
	Aug-15	3	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%		
	Sep-15	8	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%		
	Oct-15	7	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%		
	Nov-15	6	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%		
	Dec-15	11	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%		
	Jan-16	4	5.4	1.0	8.9	2.0	30.9	31.0	52.9	51.0	0%		
	Feb-16	10	12.9	1.0	16.3	2.0	47.5	31.0	50.9	56.0	0%		
	Mar-16	5	15.5	1.0	16.3	1.0	19.2	15.5	69.2	45.0	0%		
	Apr-16	2	4.9	0.5	5.6	1.0	7.5	7.5	44.0	39.0	0%		
	May-16	4	0.3	0.0	0.3	0.0	0.0	0.0	12.5	11.5	50%		
	Jun-16	9	2.5	0.0	2.5	0.0	10.0	9.0	11.4	11.0	13%		
	Jul-16	3	3.1	1.0	3.5	1.0	4.0	4.0	20.2	20.5	14%		
	Aug-16	12	1.2	0.0	1.3	0.0	1.3	1.0	4.9	6.0	100%		
	Sep-16	11	1.6	0.5	1.6	1.0	3.0	3.0	6.5	6.0	73%		
	Oct-16	12	0.7	0.0	0.8	0.0	4.3	4.0	5.6	6.0	69%		
	Nov-16	8	2.0	0.0	1.0	0.0	4.5	4.5	8.1	6.5	60%		
	Dec-16	9	1.7	2.0	1.3	1.0	0.0	0.0	6.6	6.0	64%		
	Jan-17	10	0.4	0.0	0.2	0.0	0.5	0.5	6.9	5.5	50%		
	Feb-17	11	1.3	0.0	1.9	1.0	0.0	0.0	5.8	7.0	42%		
	Mar-17	6	2.0	1.0	2.4	1.0	0.0	0.0	4.8	5.0	83%		
	Apr-17	10	1.1	0.0	1.5	1.0	0.0	0.0	5.2	6.0	82%		
	May-17	6	0.2	0.0	3.0	1.0	0.0	0.0	9.2	9.0	17%		
	Jun-17	10	0.3	0.0	2.3	1.0	7.3	7.5	6.5	6.5	40%		
	Jul-17	7	3.3	0.0	4.6	2.5	5.0	5.0	11.2	10.0	27%		
Aug-17	9	0.8	0.0	0.9	0.0	9.3	7.0	7.2	7.5	30%			
Sep-17	8	1.3	1.0	3.3	1.0	6.0	3.0	11.8	13.5	25%			
Oct-17	9	0.6	0.0	0.8	1.0	12.0	12.0	13.8	13.0	0%			
Nov-17	5	2.8	0.0	3.8	0.5	1.5	1.5	11.7	8.0	20%			
Dec-17	12	0.2	0.0	1.3	1.0	6.5	6.5	6.5	8.0	42%			
Jan-18	7	0.8	0.5	0.9	0.5	0.0	0.0	5.3	5.0	80%			
Inpatient Restoration	Apr-15	7	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%	Not Applicable	Not Applicable
	May-15	1	6.3	1.0	7.9	2.0	35.0	41.0	54.7	62.0	0%		
	Jun-15	4	0.6	1.0	1.8	1.0	45.3	39.0	46.0	56.0	20%		
	Jul-15	11	1.3	0.0	4.5	2.0	16.2	11.0	45.3	56.0	33%		
	Aug-15	11	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%		
	Sep-15	17	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%		
	Oct-15	6	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%		
	Nov-15	10	2.4	0.0	4.1	2.0	51.7	48.0	90.8	92.0	0%		
	Dec-15	6	3.8	0.0	4.2	0.5	26.3	20.0	84.7	86.5	0%		
	Jan-16	15	2.3	0.0	2.7	0.0	31.1	19.0	53.8	58.0	25%		
	Feb-16	14	2.0	0.0	2.3	0.0	24.2	24.0	55.8	43.5	0%		
	Mar-16	18	1.1	0.0	1.1	0.0	27.7	23.0	45.2	46.5	0%		
	Apr-16	11	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%		
	May-16	19	1.5	0.0	1.6	0.0	10.2	13.0	9.9	7.0	53%		
	Jun-16	19	0.4	0.0	0.4	0.0	7.8	10.0	9.5	9.5	22%		
	Jul-16	11	0.7	0.0	0.7	0.0	2.0	2.0	7.2	5.0	60%		
	Aug-16	7	0.4	0.0	0.4	0.0	0.0	0.0	4.6	5.5	100%		
	Sep-16	21	0.2	0.0	0.2	0.0	1.5	1.5	4.1	5.0	86%		
	Oct-16	19	0.9	0.0	0.9	0.0	4.4	5.0	5.5	5.5	48%		
	Nov-16	18	0.7	0.0	0.7	0.0	13.5	13.5	6.3	7.0	48%		
	Dec-16	12	0.3	0.0	0.3	0.0	15.0	15.0	2.7	2.0	92%		
	Jan-17	19	1.3	0.0	1.3	0.0	1.0	1.0	7.5	7.0	65%		
	Feb-17	23	0.7	0.0	0.5	0.0	4.3	6.0	5.4	5.0	48%		
	Mar-17	18	1.3	0.0	1.4	0.0	5.2	3.0	5.3	7.0	58%		
	Apr-17	18	2.1	0.0	2.1	0.0	8.6	6.0	6.9	6.5	48%		
	May-17	20	1.4	0.0	1.8	0.0	5.9	5.5	8.1	7.0	35%		
	Jun-17	14	2.0	0.0	2.4	0.0	7.5	2.5	8.6	8.0	33%		
	Jul-17	13	2.2	1.0	2.2	1.0	15.8	10.0	10.3	8.5	28%		
Aug-17	23	0.6	0.0	1.7	0.0	6.4	4.0	11.6	9.0	29%			
Sep-17	18	1.5	0.0	1.9	1.0	12.8	11.0	15.2	15.0	4%			
Oct-17	11	0.8	0.0	1.2	1.0	5.0	6.0	15.9	15.5	13%			
Nov-17	12	1.1	0.0	2.4	1.0	5.8	5.5	5.9	6.5	44%			
Dec-17	20	1.3	0.0	2.3	0.0	10.2	10.0	9.2	9.0	25%			
Jan-18	13	0.3	0.0	0.3	0.0	2.0	2.0	5.4	6.0	81%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

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

Table 1 Title: Competency Outpatient (Jail) Evaluations and Data Summary ¹													
TOTALS BOTH HOSPITALS	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 14 days from receipt of order ^{2,3}	Percent completed within 14 days from receipt of order or within 21 days from order signature date ^{2,3}	
		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	Apr-15	209	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%	Not Applicable	Not Applicable
	May-15	209	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%		
	Jun-15	240	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%		
	Jul-15	259	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%		
	Aug-15	192	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%		
	Sep-15	241	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%		
	Oct-15	219	1.9	0.0	2.5	1.0	16.6	11.0	19.2	16.0	17%		
	Nov-15	196	1.8	0.0	2.8	1.0	21.6	17.0	20.5	16.0	23%		
	Dec-15	236	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%		
	Jan-16	221	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%		
	Feb-16	244	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%		
	Mar-16	289	0.9	0.0	0.9	0.0	8.2	6.0	9.7	7.0	51%		
	Apr-16	240	0.9	0.0	1.0	0.0	7.7	5.0	10.0	8.0	48%		
	May-16	263	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%		
Jun-16	282	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 from order signature date ²	within 14 days from receipt of order ^{2,3}	within 14 days from receipt of order or 21 days from order signature date ^{2,3}
	Jul-16	281	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%	Not Applicable	Not Applicable
	Aug-16	304	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%		
	Sep-16	312	0.7	0.0	1.0	0.0	7.3	7.0	12.9	12.0	47%		
	Oct-16	295	0.6	0.0	1.0	0.0	8.3	6.0	13.4	13.0	48%		
	Nov-16	240	1.3	0.0	1.8	0.0	10.2	9.0	13.2	13.0	49%		
	Dec-16	252	1.0	0.0	1.5	0.0	8.5	9.0	12.7	12.0	57%		
	Jan-17	257	0.9	0.0	1.1	0.0	7.9	6.0	12.7	12.0	46%		
	Feb-17	233	1.1	0.0	1.6	0.0	7.8	6.0	12.5	12.0	52%		
	Mar-17	313	1.0	0.0	1.3	0.0	5.7	3.0	10.9	9.0	66%		
	Apr-17	261	0.5	0.0	0.7	0.0	8.1	5.0	10.8	9.0	63%		
	May-17	327	0.4	0.0	0.7	0.0	9.0	7.0	11.3	10.0	58%		
	Jun-17	344	0.5	0.0	0.8	0.0	6.5	4.0	13.5	13.0	41%		
	Jul-17	274	0.7	0.0	0.9	0.0	9.7	7.0	13.2	13.0	49%		
	Aug-17	345	0.6	0.0	0.7	0.0	5.9	3.0	12.5	11.0	54%		
	Sep-17	286	0.6	0.0	1.0	0.0	7.7	5.0	12.0	11.0	54%		
	Oct-17	318	0.7	0.0	1.1	0.0	7.9	6.0	12.3	11.0	54%		
Nov-17	326	0.7	0.0	1.1	0.0	5.7	3.0	10.9	10.0	67%			
Dec-17	232	0.7	0.0	1.2	0.0	7.1	5.0	10.6	10.0	68%			
Jan-18	268	0.5	0.0	0.8	0.0	6.0	6.0	9.9	9.0	73%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for in-jail competency evaluations outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete in-jail competency evaluations within the shorter of either a) 14 days from receipt of order or b) 21 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 14 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from order signature date. The second is percentage of all orders completed within either of the two compliance deadlines: 14 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 21 days from order signature date (if the order was received after 7 days from order signature date).

TABLE 3b. Class Member Status at WSH and ESH State Hospital (Totals) – Inpatient Services

Table 2 Title: Competency Inpatient Evaluations and Restorations with Data Summary ¹													
TOTALS BOTH HOSPITALS	Court Orders Signed	Days from order signature to ² :								Percent complete within 7 days from order signature date ²	Percent completed within 7 days from order ^{2,3}	Percent completed within 7 days from receipt of order or within 14 days from order signature date ^{2,3}	
		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-15	15	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%	Not Applicable	Not Applicable
	May-15	13	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%		
	Jun-15	12	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%		
	Jul-15	19	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%		
	Aug-15	17	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%		
	Sep-15	22	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%		
	Oct-15	22	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%		
	Nov-15	21	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%		
	Dec-15	22	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%		
	Jan-16	17	4.8	1.0	6.6	1.0	27.0	23.0	33.7	29.0	0%		
	Feb-16	31	7.7	1.0	9.0	1.0	24.5	12.0	30.6	22.0	5%		
	Mar-16	30	6.7	1.0	6.9	1.0	12.6	9.0	26.6	16.0	8%		
	Apr-16	22	1.7	0.0	1.8	0.0	11.2	9.0	24.2	21.0	4%		
	May-16	22	1.5	0.0	1.5	0.0	9.5	6.0	17.8	20.0	22%		
	Jun-16	25	3.2	1.0	3.2	1.0	11.4	8.0	21.9	23.0	3%		
	Jul-16	24	4.3	1.0	4.3	1.0	7.2	4.0	16.6	14.0	8%		
	Aug-16	45	2.5	0.5	2.5	0.5	10.6	9.0	11.8	11.5	29%		
	Sep-16	34	2.1	1.0	2.2	1.0	12.8	14.0	11.7	8.0	29%		
	Oct-16	37	1.2	0.0	1.2	0.0	16.0	18.0	17.3	21.0	22%		
	Nov-16	30	1.4	0.0	1.2	0.0	20.5	21.5	23.2	29.5	16%		
	Dec-16	29	2.6	0.0	2.6	0.0	16.9	19.5	21.1	21.0	22%		
	Jan-17	25	1.9	0.0	2.0	0.0	10.6	12.0	18.0	14.0	29%		
	Feb-17	33	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%		
	Mar-17	32	1.6	0.0	2.0	0.0	10.8	11.0	19.9	25.0	21%		
	Apr-17	38	0.7	0.0	1.1	0.0	13.6	11.0	17.6	21.0	17%		
	May-17	34	1.9	0.0	2.2	0.0	22.6	20.0	24.3	28.0	8%		
	Jun-17	31	1.9	0.0	2.2	0.0	27.6	28.5	29.4	39.0	11%		
	Jul-17	23	1.3	0.0	1.5	0.0	31.7	28.0	33.7	45.0	14%		
	Aug-17	37	0.7	0.0	0.8	0.0	15.6	9.0	31.9	43.0	12%		
	Sep-17	30	0.5	0.0	0.8	0.0	25.6	23.5	26.0	28.0	11%		
	Oct-17	25	2.0	0.0	2.1	0.0	32.3	34.0	30.5	23.0	8%		
Nov-17	20	1.6	0.0	1.8	0.0	29.1	27.0	45.2	44.5	2%			
Dec-17	28	3.2	0.0	3.5	1.0	29.4	25.0	28.7	11.0	16%			
Jan-18	22	2.7	0.5	2.7	0.0	31.9	28.0	31.6	22.0	21%			
Inpatient Restoration ⁴	Apr-15	67	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0	26%	Not Applicable	Not Applicable
	May-15	60	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%		
	Jun-15	66	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%		
	Jul-15	88	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%		
	Aug-15	72	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%		
	Sep-15	112	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%		
	Oct-15	79	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%		
	Nov-15	65	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%		
	Dec-15	71	1.8	1.0	2.3	1.0	27.5	23.0	47.4	52.0	15%		
	Jan-16	76	2.6	0.0	2.8	0.0	29.6	19.0	37.5	46.0	23%		
	Feb-16	80	3.3	0.0	3.8	1.0	24.2	21.0	37.1	41.0	12%		
	Mar-16	99	1.3	0.0	2.2	0.0	26.5	24.0	31.8	39	24%		
	Apr-16	79	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%		
	May-16	87	1.7	0.0	1.9	0.0	22.1	20.0	25.2	19	31%		
	Jun-16	90	1.2	0.0	1.3	0.0	21	15.0	23	14.5	13%		
	Jul-16	78	1.6	0.0	1.8	0.0	11.4	6.0	20.4	13.0	19%		
	Aug-16	102	1.4	0.0	1.6	0.0	12.6	13.0	11.8	11.5	28%		
	Sep-16	125	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%		
	Oct-16	95	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%		
	Nov-16	99	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%		
	Dec-16	110	1.5	0.0	1.5	0.0	26.6	23.0	21.4	13.0	17%		
	Jan-17	106	1.8	0.0	1.8	0.0	25.1	20.5	25.4	15.5	21%		
	Feb-17	118	1.5	1.0	1.5	1.0	20.7	18.0	24.4	10.5	20%		
	Mar-17	127	1.4	0.0	1.4	0.0	23.0	19.5	22.6	12.0	18%		
	Apr-17	98	1.2	0.0	1.2	0.0	25.5	20.0	29.4	21.0	10%		
	May-17	123	1.5	0.0	1.5	0.0	27.4	22.0	28.7	20.0	13%		
	Jun-17	112	1.9	0.0	1.9	0.0	27.1	21.5	24.7	15.0	13%		
	Jul-17	115	1.5	0.0	1.5	0.0	24.2	18.0	32.5	18.0	11%		
	Aug-17	131	0.7	0.0	0.9	0.0	26.6	22.0	23.9	14.0	16%		
	Sep-17	116	0.9	0.0	0.9	0.0	27.6	19.0	32.7	19.0	9%		
	Oct-17	119	0.8	0.0	0.8	0.0	33.5	27.5	29.4	18.0	13%		
Nov-17	104	1.5	0.0	1.6	0.0	37.2	31.0	35.1	30.5	15%			
Dec-17	113	1.6	0.0	1.6	0.0	42.8	34.0	31.4	12.0	13%			
Jan-18	90	0.9	0.0	0.9	0.0	46.7	43.0	45.9	38.0	10%			

Data Notes:

¹This data was pulled on 02/01/2018.

²Number of court orders signed is based on the number of orders signed in the specified month. These data are updated from the previous monthly report reflecting updates in the dynamic data system. Averages, medians, and "percent completed" are based on the orders completed and/or not completed in the specified month regardless of when the court orders were signed (i.e., orders could be signed in a previous month) and are snapshots of the final look data for that month.

³As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order". To comply with the new requirements, this report captures two additional sets of compliance information beginning in May, 2017. The first is percentage of orders completed within 7 days from receipt of order as long as this is the shorter of the two compliance deadlines, or the order was received within 0 and 7 days from order signature of order. The second is percentage of all orders completed within either of the two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) or 14 days from order signature date (if the order was received after 7 days from order signature date).

⁴The inpatient restoration data for WSH includes those referrals that are admitted to Maple Lane and Yakima.

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

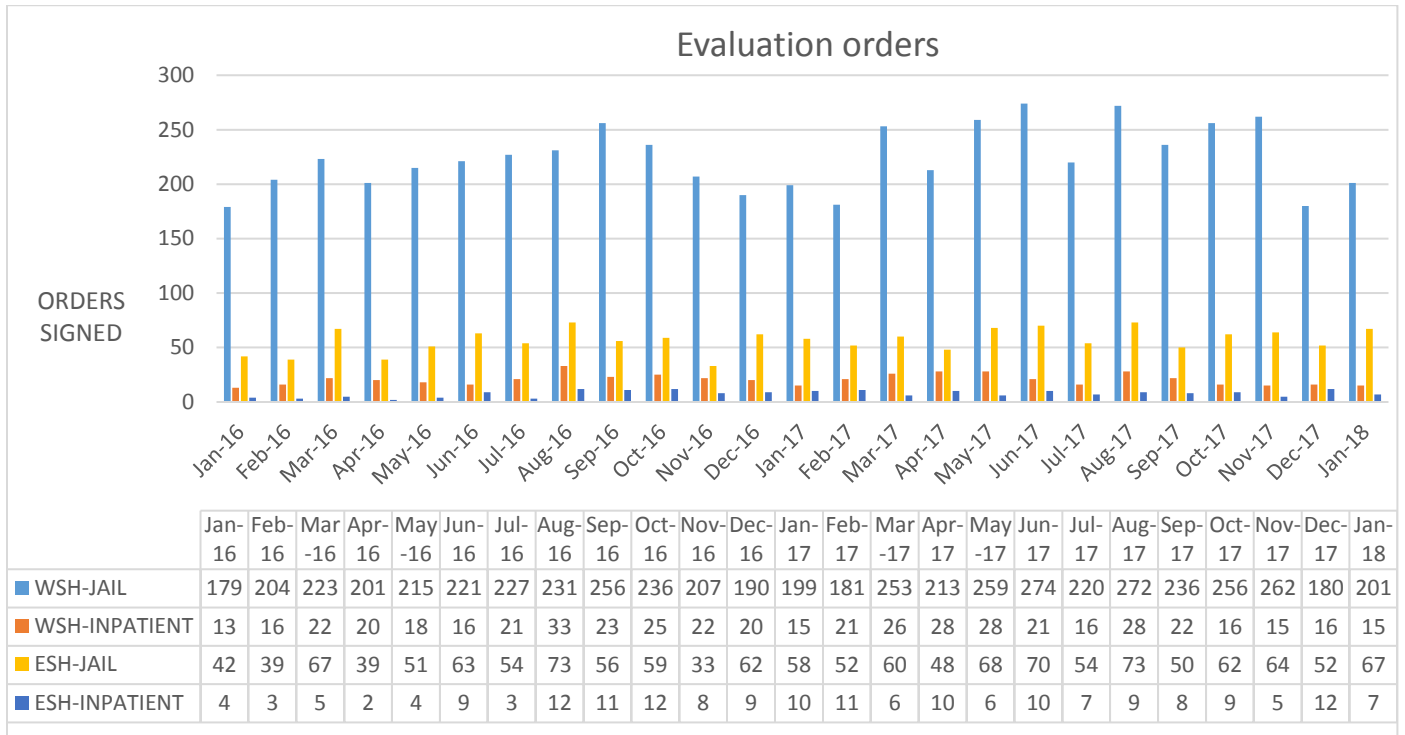


FIGURE 2. Restoration Orders

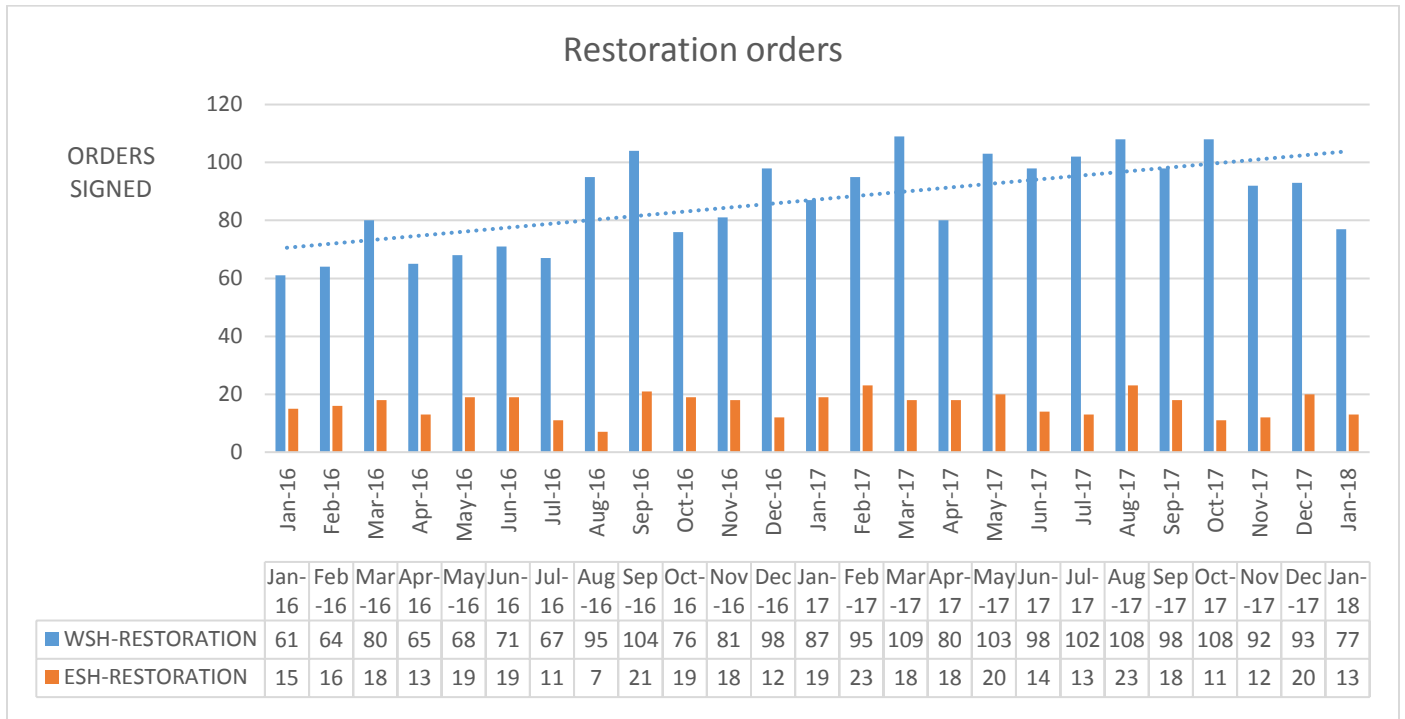


FIGURE 3. Evaluations – Median

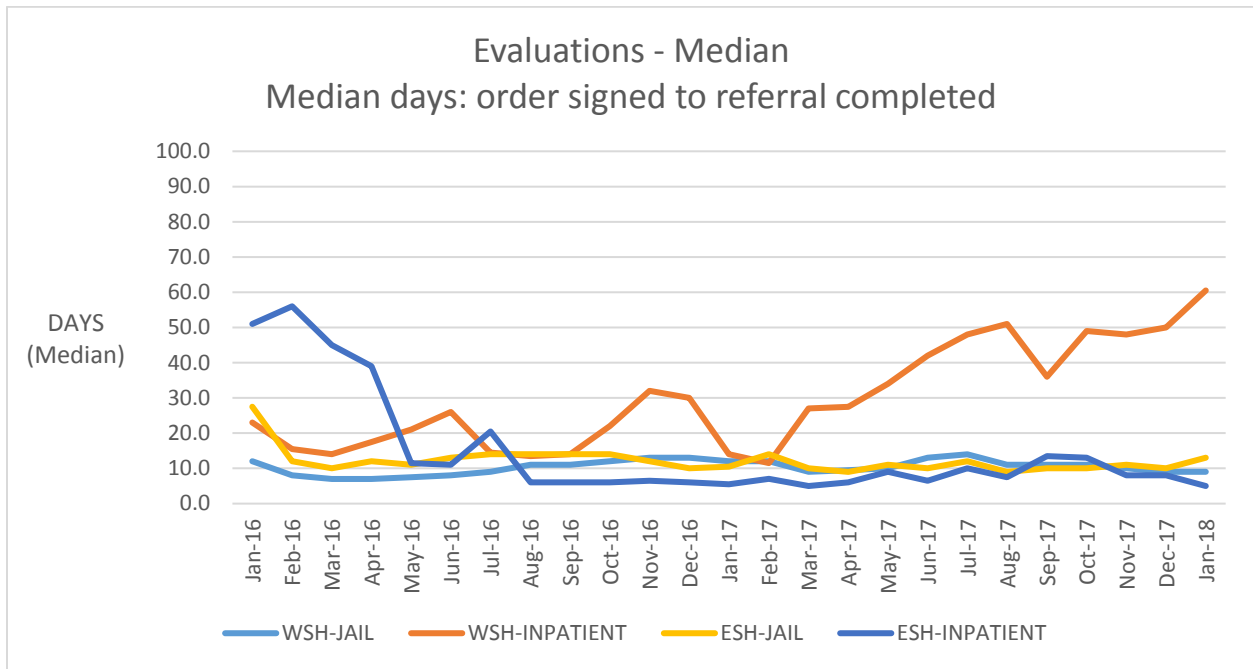


FIGURE 4. Evaluations – Average

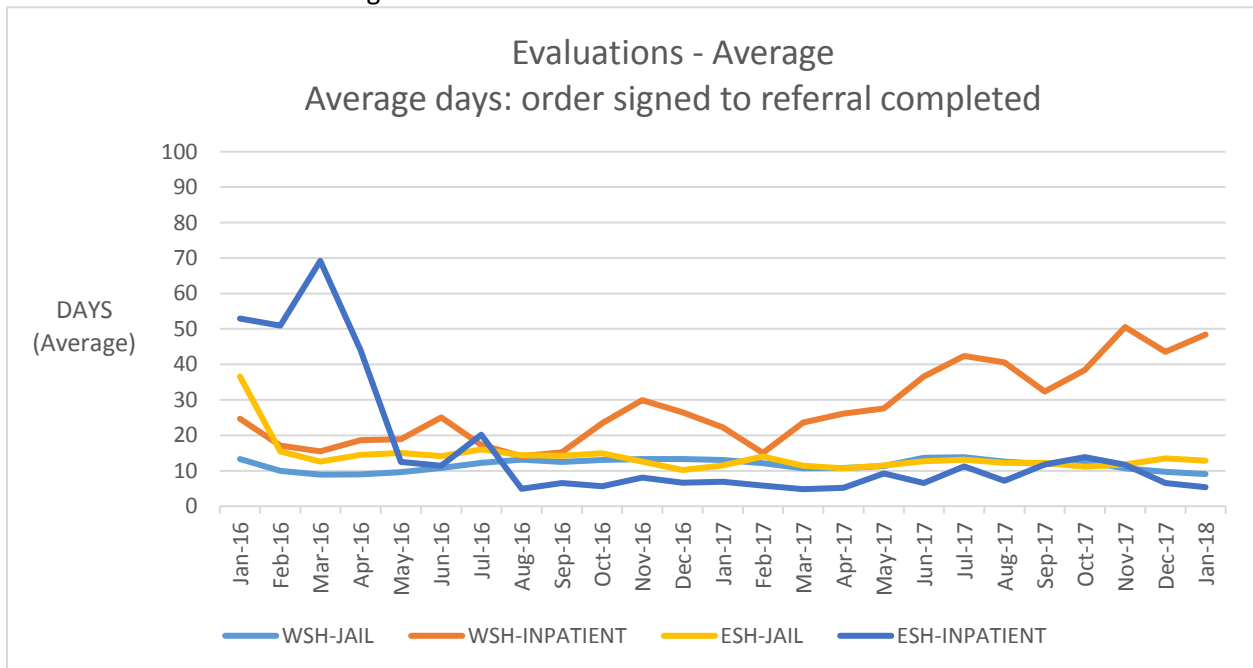


FIGURE 5. Restorations - Median

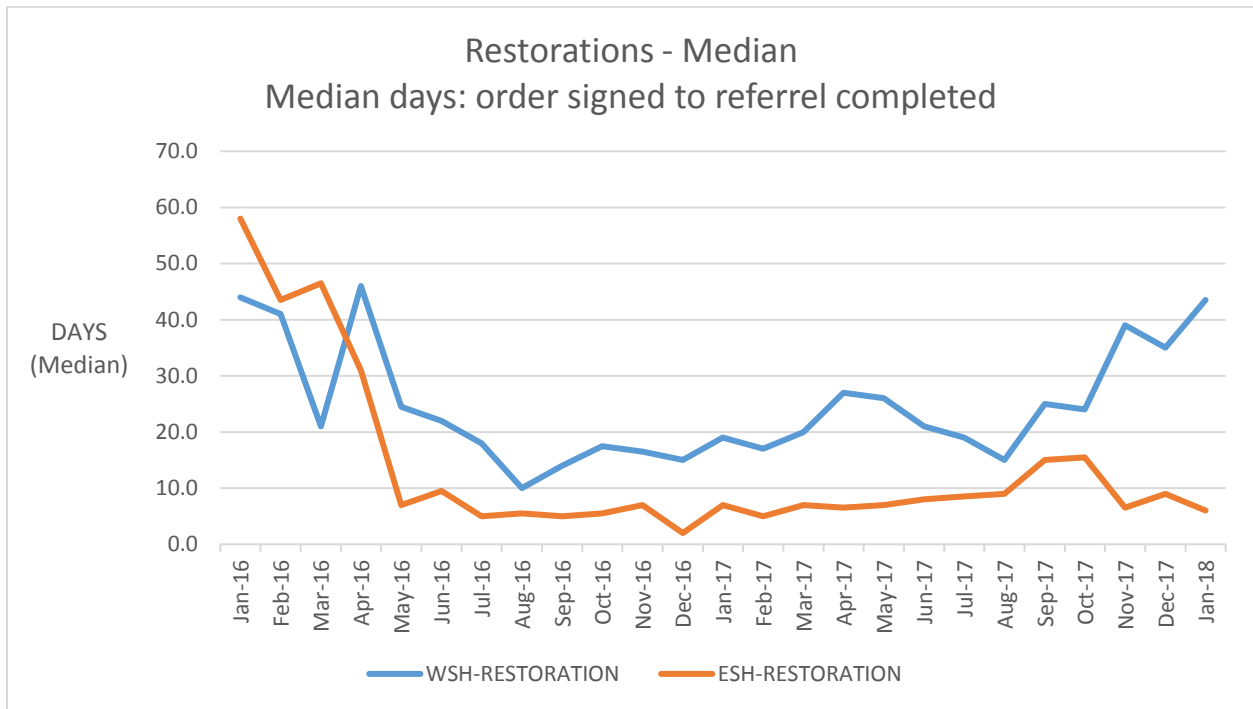


FIGURE 6. Restorations – Average

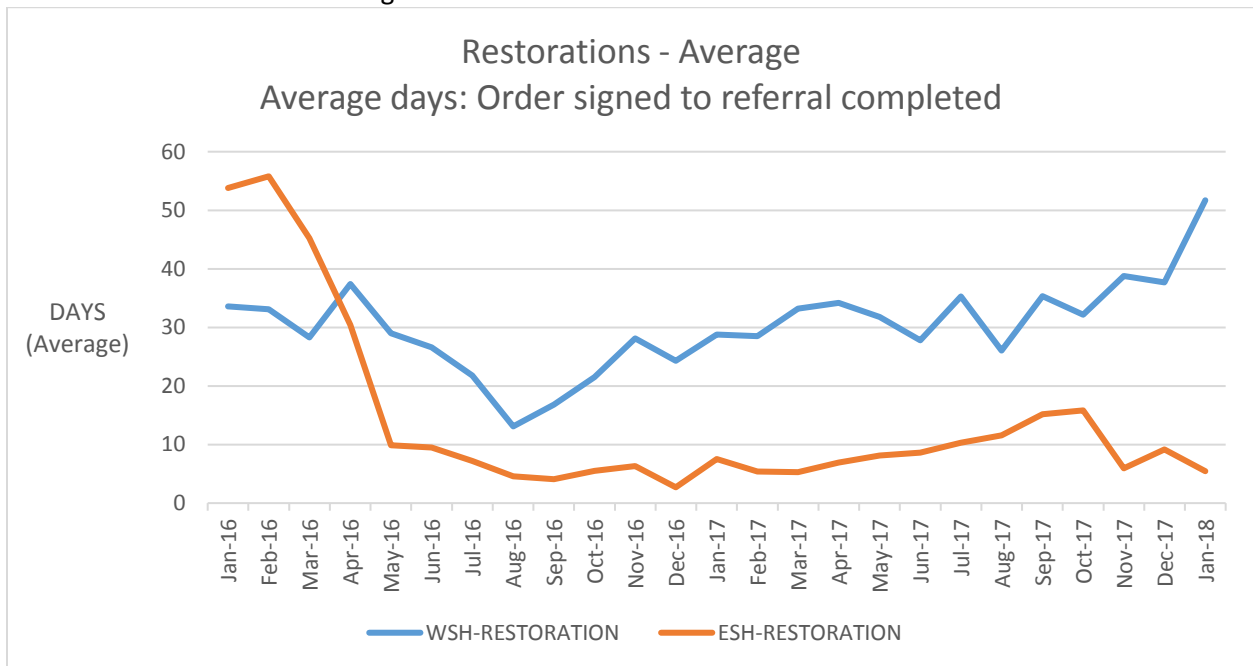


TABLE 4a-4c. Summary of jail evaluations, in-patient evaluations, and restorations by month since February, 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month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

4a. TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	14 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	196	244	80.3%
Mar-16	244	289	84.4%
Apr-16	203	240	84.6%
May-16	213	263	81.0%
Jun-16	189	282	67.0%
Jul-16	201	281	71.5%
Aug-16	211	304	69.4%
Sep-16	209	312	67.0%
Oct-16	237	295	80.3%
Nov-16	161	240	67.1%
Dec-16	186	252	73.8%
Jan-17	194	257	75.5%
Feb-17	180	233	77.3%
Mar-17	264	313	84.3%
Apr-17	220	261	84.3%
May-17	226	327	69.1%
Jun-17	222	344	64.5%
Jul-17	196	274	71.5%
Aug-17	262	345	75.9%
Sep-17	207	286	72.4%
Oct-17	258	318	81.1%
Nov-17	283	326	86.8%
Dec-17	218	232	94.0%
Jan-18	188	268	70.1%

Data Notes:

¹Data presented in this table represent the number of in-jail competency evaluations completed within 14 days from order signature date out of all orders signed in the specified month.

²This data was pulled on 02/01/2018.

TABLE 4 CONTD.

4b. TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	10	31	32.3%
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	5	24	20.8%
Aug-16	17	45	37.8%
Sep-16	12	34	35.3%
Oct-16	14	37	37.8%
Nov-16	6	30	20.0%
Dec-16	11	29	37.9%
Jan-17	12	25	48.0%
Feb-17	12	33	36.4%
Mar-17	8	32	25.0%
Apr-17	8	38	21.1%
May-17	5	34	14.7%
Jun-17	7	31	22.6%
Jul-17	8	23	34.8%
Aug-17	7	37	18.9%
Sep-17	7	30	23.3%
Oct-17	5	25	20.0%
Nov-17	1	20	5.0%
Dec-17	11	28	39.3%
Jan-18	9	22	40.9%

Data Notes:

¹Data presented in this table represent the number of inpatient competency evaluation admissions completed within 7 days from order signature date of all orders signed in the specified month.

²This data was pulled on 02/01/2018.

TABLE 4 CONTD.

4c. TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED ^{1,2}			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	7	80	8.8%
Mar-16	20	99	20.2%
Apr-16	12	79	15.2%
May-16	26	87	29.9%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	40	125	32.0%
Oct-16	24	95	25.3%
Nov-16	32	99	32.3%
Dec-16	27	110	24.5%
Jan-17	43	106	40.6%
Feb-17	39	118	33.1%
Mar-17	40	127	31.5%
Apr-17	21	98	21.4%
May-17	26	123	21.1%
Jun-17	27	112	24.1%
Jul-17	30	115	26.1%
Aug-17	36	131	27.5%
Sep-17	22	116	19.0%
Oct-17	36	119	30.3%
Nov-17	36	104	34.6%
Dec-17	32	113	28.3%
Jan-18	24	90	26.7%

Data Notes:

¹Data presented in this table represent the number of inpatient competency restoration admissions completed within 7 days from order signature date of all orders signed in the specified month.

²This data was pulled on 02/01/2018.

TABLE 5a-5c: Number and Percentage of Orders

DSHS compliance data are calculated and summarized in Table 5 based on the modified timeframes for jail evaluations, inpatient evaluations, and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: “DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order.”

5a. TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER ^{1,2}	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Feb-16	244	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	289				
Apr-16	240				
May-16	263				
Jun-16	282				
Jul-16	281				
Aug-16	304				
Sep-16	312				
Oct-16	295				
Nov-16	240				
Dec-16	252				
Jan-17	257				
Feb-17	233				
Mar-17	313				
Apr-17	261				
May-17	327	234	71.6%	234	71.6%
Jun-17	344	229	66.6%	230	66.9%
Jul-17	274	203	74.1%	205	74.8%
Aug-17	345	262	75.9%	264	76.5%
Sep-17	286	211	73.8%	213	74.5%
Oct-17	318	261	82.1%	264	83.0%
Nov-17	326	285	87.4%	291	89.3%
Dec-17	232	219	94.4%	221	95.3%
Jan-18	268	188	70.1%	189	70.5%

TABLE 5 CONTD.

5b. TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Feb-16	31	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	30				
Apr-16	22				
May-16	22				
Jun-16	25				
Jul-16	24				
Aug-16	45				
Sep-16	34				
Oct-16	37				
Nov-16	30				
Dec-16	29				
Jan-17	25				
Feb-17	33				
Mar-17	32				
Apr-17	38				
May-17	34	5	14.7%	5	14.7%
Jun-17	31	7	22.6%	7	22.6%
Jul-17	23	8	34.8%	8	34.8%
Aug-17	37	7	18.9%	7	18.9%
Sep-17	30	7	23.3%	7	23.3%
Oct-17	25	5	20.0%	5	20.0%
Nov-17	20	1	5.0%	1	5.0%
Dec-17	28	11	39.3%	11	39.3%
Jan-18	22	9	40.9%	9	40.9%

TABLE 5 CONTD.

5c. TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER ^{1,2}	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE ^{1,2}
Feb-16	80	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	99				
Apr-16	79				
May-16	87				
Jun-16	90				
Jul-16	78				
Aug-16	102				
Sep-16	125				
Oct-16	95				
Nov-16	99				
Dec-16	110				
Jan-17	106				
Feb-17	118				
Mar-17	127				
Apr-17	98				
May-17	123	29	23.6%	29	23.6%
Jun-17	112	29	25.9%	29	25.9%
Jul-17	115	31	27.0%	32	27.8%
Aug-17	131	37	28.2%	37	28.2%
Sep-17	116	23	19.8%	23	19.8%
Oct-17	119	37	31.1%	38	31.9%
Nov-17	104	36	34.6%	36	34.6%
Dec-17	113	34	30.1%	34	30.1%
Jan-18	90	24	26.7%	24	26.7%

RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

Funding and Resources

The Washington State Legislature convened one regular and three consecutive special sessions between January 9, 2017 and July 20, 2017. The Legislature passed a 2017-19 operating budget in Substitute Senate Bill 5883 (SSB 5883) on June 30, 2017. Section 204 (2)(e) of the bill references \$25,053,000 in Fiscal Year 2018 (July 1, 2017 to June 30, 2018) and \$25,847,000 in Fiscal Year 2019 (July 1, 2018 to June 30, 2019) for implementation of efforts to improve the timeliness of competency restoration services pursuant to Chapter 5, Laws of 2015 (SSB 5889). The budget provides funding to operate an additional thirty bed forensic ward in Fiscal Year 2019 (July 1, 2018 to June 30, 2019), assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Services Administration, the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients, as contemplated by the Legislature. The Legislature also funded a twenty-four bed expansion at Yakima Residential Treatment Facility. The Department intended to move forward with this expansion to provide relief to class members. On November 1, 2017, Plaintiffs and the Department submitted a proposal to the court that would transition the operations planned for Yakima expansion to Building 27 at WSH. On November 21, 2017, at a status hearing in the Federal District Court, the Department with the Governor's office reiterated the plan to shift the expansion money from Yakima to Building 27 at WSH for operations if the court would release fine money to pay for the capital improvements. On January 25, 2018, Judge Pechman heard a motion to use contempt fine funds for the remodel of Building 27 and agreed, in principal, once a few minor changes were made to the plan.

The FY 2018 Supplemental Capital Budget, passed on January 19, 2018, includes \$2,800,000 for renovation of Eastern State Hospital 1N3 to provide twenty-five beds to serve class members and \$1,560,000 for renovation of Western State Hospital Building 29 to support additional forensic wards. However, the FY 2018 Budget did not include funding for the construction of two new thirty-bed forensic wards at Western State Hospital as originally requested.

Need Projections and Bed Capacity

During the June, 2017 *Trueblood* Status Hearing, Judge Pechman directed Dr. Danna Mauch to hire a contractor to conduct a Competency Services Bed Need Study to illustrate patient demand and bed need, and ultimately to determine the feasibility of, and timeframe for, compliance with Court orders. The impact of community based competency evaluation on the demand for inpatient CE/CR beds will also be measured.

The TriWest Group was selected as the contractor to complete this work within a 60- 90 day timeframe. DSHS met with TriWest to discuss their model and the data needed. DSHS then provided TriWest with a list of data elements that would be provided to them to ensure TriWest and DSHS are using the same terminology and data sets. TriWest then sent DSHS their Institutional Review Board (IRB) proposal and data elements for review and edits, and DSHS responded with edits. On October 13, TriWest requested and received aggregate level referral data from DSHS. DSHS provided TriWest the daily aggregate data on November 28, 2017 and sought status update regarding the IRB application as client-level data cannot be provided without the IRB approval. TriWest informed DSHS that they received word of conditional approval by the IRB on November 30, 2017. On February 1, 2018, TriWest informed DSHS that they just received an email notification from the WSIRB acknowledging receipt of their response to conditional approval and revised application. The response has been entered into the WSIRB queue, and they will contact TriWest upon approval or with questions, as applicable. A data sharing meeting is scheduled for February 12, 2018.

TRUEBLOOD KEY ACCOMPLISHMENTS – JANUARY 2018

RECRUITMENT

- Talent Acquisition staff at DSHS HQ continue to recruit for all positions at Western State Hospital including those for SIA projects. Final numbers of staff and data associated with placement is controlled by HR operations staff at WSH.
- Recruitment for additional forensic evaluators and a supervisor at the Office of Forensic Mental Health Services has begun. Applications have been given to Dr. Kinlen and his team. Interviews for evaluators began in the last two weeks of January. To date, six applicants have been identified as well-qualified. All six were asked to submit to reference and background checks. Two applicants declined and withdrew from consideration for personal reasons. Recruitment continues for additional evaluators and a supervisor.
- A recruitment has been established by the Talent Acquisition Team at DSHS HQ to support personnel needs associated with the Building 27 project at WSH. A team of three senior recruiters will be working with Tim Hunter and others from BHA to identify positions and begin recruitment efforts.

RESIDENTIAL TREATMENT FACILITIES (RTF's)

- As we did in the December 2017 report, changing our reporting of the Outlier data (see p. 5) to a table format instead of a narrative, this month we are doing the same for the RTF's. This data will be presented in discreet months, with an annual average. Staff at each of the RTF's continue to maintain historical data, should the Court request it.

YAKIMA

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	22												22
Total patients admitted	13												13
Completed and found competent (1st Restoration)	10												10
Not likely restorable (transported back to jail)	2												2
Court Order lapsed (Transported back to Jail)	1												1
Felony patients completed and found not likely restorable (1st Restoration)	0												0
Misdemeanor patients not restored (no further treatment by law)	0												0
Total transferred to State Hospital	1												1
For physical aggression	0												0
For sexually inappropriate behavior	0												0
For medical reasons	0												0
Due to court ordered treatment at SH	0												0
Other	1												1
Total patients eloped	0												0
Total recommended for early evaluation	2												2
Total recommended for 2nd 90-day order	2												2
Total recommended for 3rd 90-day order	0												0

MAPLE LANE

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	25												25
Total patients admitted	18												18
Completed and found competent (1st Restoration)	11												11
Not likely restorable (transported back to jail)	0												0
Court Order lapsed (Transported back to Jail)	0												0
Felony patients completed and found not likely restorable (1st Restoration)	0												0
Misdemeanor patients not restored (no further treatment by law)	2												2
Total transferred to State Hospital	4												4
For physical aggression	3												3
For sexually inappropriate behavior	1												1
For medical reasons	0												0
Due to court ordered treatment at SH	0												0
Other	0												0
Total patients eloped	0												0
Total recommended for early evaluation	8												8
Total recommended for 2nd 90-day order	4												4
Total recommended for 3rd 90-day order	0												0

REQUESTS FOR INFORMATION (RFI) RELEASES

- Two Request for Information releases were completed during the months of February and August, 2017. Additionally, the plaintiffs provided a list of prospective interested individuals to conduct Competency to Stand Trial evaluations as possible contractors in the November 21, 2017 status hearing. The Department is reaching out to the names provided by the plaintiffs in gathering information about logistical and financial needs to complete such evaluations. Contact was started in November and was completed in December 2017. A total of thirty-one potential contractors were contacted with 17 agreeing to speak with the Director of OFMHS. Data was shared in the status hearing on January 25, 2018 and the Court Monitor provided the recommendation of completing a third Request for Information with modifications to the deadline requirements and target individuals who responded positively during the outreach to apply. In February, the third Request for Information will be completed and distributed.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—JANUARY 2018

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release January report	Complete	<ul style="list-style-type: none"> • Maintain compliance with the Court. • Use data to review and improve the provision of forensic services. 	Released January report to Stakeholders.
Legislative Coordination				
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.	<p>Passed legislature. Expires on July 1, 2019 per Section 14.</p> <p>Complete.</p>	<ul style="list-style-type: none"> • 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. • 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' 	<p>The Select Committee for Quality Improvement in State Hospitals met on October 30, 2017 and on December 15, 2017.</p> <p>During the December 15, 2017 meeting, the Department presented material on the three prosecutorial diversion programs currently being funded. Additionally, the Court Monitor provided an overview and update on the eight programs that received <i>Trueblood</i> Fine money for diversion services.</p> <p>Complete meeting materials are available at: http://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-instate-hospitals</p> <p>During the month of January, no hearings were scheduled.</p>

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"> 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. 	
<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"> Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators. Develop long-term certification of forensic evaluators, consistent with the <i>Trueblood</i> Court Monitor's recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance. 	<p>In December 2017, the Governor's budget was released, and a position that will work on both diversion initiatives and the work of implementing the certification program (labor relations, initial and ongoing training, liaison with DOH, certification, etc.) was included in that budget. The Department will await final decisions by the legislature on the budget before moving forward with filling this position.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Labor Coordination				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	<ul style="list-style-type: none"> Discuss policy, budget and operational changes likely required to comply with the <i>Trueblood</i> requirements. Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals. 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. 	In 2018, a UMCC meeting is scheduled for February 27, 2018.
Data Collection and Fiscal Modeling				
Monthly report data collection	Identify and obtain needed data	Ongoing	Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	Ensure completeness and accuracy of wait list data.	Data validation process is ongoing.
Forensic Data System Design/ Development	Build data models- Entity Relationship Diagram (ERD)	Complete	<ul style="list-style-type: none"> 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). Provide capability for access by evaluators to discovery documents and 	The Forensic project has a detailed project plan that includes 15 distinct modules. End user facing modules will include User Acceptance Testing (UAT) allowing for both early feedback across the development spectrum, as well as providing support for the project’s Organizational Change Management (OCM) plan. Modular development progresses towards May 2018 Integration Testing
	Finalized Gaps analysis	Complete		
	Finalized task list and timeline	Complete		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
	Establish Project Governance	Complete	any status changes, regardless of location, to reduce delays. Provide platform for quality reporting from single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.	events and culminates with a July 2018 go-live. The progress this month is as follows: <ul style="list-style-type: none"> • Project Team has completed the Reporting Environment. Reports inventory is being prioritized for delivery. • Project Governance has approved the Data Migration Plan. • Data extracts from the current state have been created and the process documented. • Data load into the new system is in process and will be documented.
	Analyze Legacy Applications Data Quality for potential data migration	In progress		
	Complete Technical Design for all Modules	May 2018		
	Complete training	June 2018		
	Implement new system	July 2018		
Human Resources				
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.	In January 2018, no interviews were scheduled for the supervisor position. Applications were received for forensic evaluator staff and five interviews were scheduled in January. One offer was made and accepted for a forensic evaluator position during the month of January.
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"> • Recruitment efforts continue on the third System Improvement Agreement (SIA) at Western State Hospital. Final numbers of staff and data associated with placement is controlled by HR operations staff at WSH. • The Talent Acquisition staff at DSHS HQ continue to recruit for positions at WSH in support of the SIA project. • Recruitment for positions vacated by natural attrition at Maple Lane continues. Talent
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				Acquisition are in charge of Residential Rehabilitation Counselor and Security Guard positions. Job announcements have been updated to reflect extension of the program into 2018 which should increase applicant interest.
Competency Evaluation				
Build capacity for out-station sites	Site agreements	N/A	Increased capacity at out-station sites will reduce wait time for evaluation.	During the month of January, the outstation supervisor traveled to our outstation sites and met with our partners at Kitsap, Snohomish, and SCORE jails. All were very positive about our involvement at their facilities, and volunteered extra work space as we expand the number of evaluators at each site as well as telehealth equipment and space. At Snohomish, a process of the mental health team triaging cases for referral for either diversion or competency to stand trial evaluation is moving forward. The outstation supervisor will meet, in coming weeks, with partners in the legal and judicial community to put forward this effort. In Clark County, partners have agreed to include the outstation supervisor in their monthly network meetings around issues of diversion and restoration; the outstation supervisor will attend by telephone link.
	Out-station sites operational	Completed		
Coordinate with forensic mental health system partners	Regular meetings with County Stakeholders	Ongoing	Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the <i>Trueblood</i> Decision.	<ul style="list-style-type: none"> In January 2018 a committee made up of OFMHS staff, the AG's office, the court monitor, and plaintiff's attorneys met with bidders from Pierce, King, Clark, Yakima, and Benton-Franklin counties for the <i>Trueblood</i> Phase III grant. Each county has proposed plans for Intercept 1 and 5 diversion

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>programs. Following the presentations, the committee had several follow-up questions and asked for clarification on matters such as the program budgets, number of class members served, and program staffing.</p> <ul style="list-style-type: none"> • In the coming months the OFMHS Liaison/Diversion Specialist plans to meet with courts, defense attorneys, law enforcement, behavioral health providers, and other stakeholders to discuss gaps in services which may contribute to increased criminal justice involvement, and strategies for more effective collaboration.
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 Quality Assurance program for competency reports began November 1, 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"> • As of January 31, 2018, OFMHS has received 170 triage referrals from jail staff/defense. Of those referrals, 117 were approved. 34 of the referrals were denied, and 19 of these referrals were withdrawn before placement could be made. Of the seven referrals approved for expedited admission in January 2018, all seven were admitted within four days of the initial request. • On November 2, 2016 OFMHS began calling jails holding in-custody defendants waiting 14 days

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>for a competency evaluation to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. In January 2018, a total of 62 calls were made, and 8 resulted in referral requests.</p> <ul style="list-style-type: none"> • Since tracking began, 1,637 calls have been made. • On January 25 Triage Phase II was presented to the Behavioral Health Organizations at their monthly meeting (BHO's are responsible for providing crisis services in their respective regions). This would allow crisis workers and DMHP's to access and facilitate the expedited admission process for individuals who meet the criteria in counties where the jail does not have mental health staff. In the coming months OFMHS staff will partner with the DBHR Crisis and Involuntary Treatment Services Specialist to provide trainings to providers in the applicable counties. • Work to complete Triage Services manuals and advisory resources is nearing completion. The Department intends to have completed manuals and advisory resources available to relevant stakeholders by the end of March, 2018.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Competency Restoration				
WSH – opening 30 forensic beds once 30 civil patients transition to community	Bed Occupancy with forensic patients	7/1/2018	Serves overall plan to add beds and expand State Hospital bed capacity to meet Court ordered requirements.	The 2017-2019 budget provides funding to operate an additional thirty bed forensic ward in Fiscal Year (July 1, 2018 to June 30, 2019) 2019, assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Service Administration, the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients, as contemplated by the Legislature. We await an enacted budget.
WSH addition 45 beds	Bed Occupancy with forensic patients	On hold		<p>The Legislature did not fund this request to operate 45 additional beds in S3 and F4 wards. The Department is committed to pursuing a supplemental budget request for the funds necessary to operate these wards. This request can be found here:</p> <p>https://www.dshs.wa.gov/data/budget/2018/030-PL-CV-Forensic-Ward-Staffing.pdf</p> <p>We await an enacted budget.</p>
Provide Restoration Treatment at the Maple Lane Competency	Open Maple Lane facility	Complete	<ul style="list-style-type: none"> Identify alternate facility capacity to meet <i>Trueblood</i> compliance. 	Please see data table on page 22.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Restoration Program (MLCRP)	Restore patients to competency	Ongoing	<ul style="list-style-type: none"> 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. 	
Provide Restoration Treatment at the Yakima Competency Restoration Program (YCRP)	Open Yakima facility	Complete	Anticipated duration of one year and possible one year extension.	Please see data table on page 22.
	Restore patients to competency	Ongoing		
Open a second pod at YCRP	Open Second Pod	March 2018		<p>In January 2018, the Department worked with Plaintiffs in preparing a motion to the court in which the expansion money from Yakima would be used for operational costs for Building 27 at WSH (if the court releases fine money to pay for capital improvements to the building). The proposed plan was submitted and the Judge reviewed the proposal on January 25, 2018. Judge Pechman asked for a few points of clarification and a revised proposal to be submitted which was to be returned to the Court on February 1, 2018.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Outpatient Competency Restoration Programs	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties.	<ul style="list-style-type: none"> • OFMHS met with Groundswell Inc. on January 18th to discuss the consultants' preliminary recommendations for next steps regarding OCRP implementation following the December meetings. • OFMHS is continuing to plan for OCRP program implementation pending inclusion of the funding in the state budget. The next Groundswell report is due in March 2018.
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.	DSHS continues to assist jails as needed to transport defendants in a timely manner.
Diversion Alternatives				
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.	<p>On January 11, 2018 a quarterly conference call with representatives from King, Spokane, and Greater Columbia BHO's was held to discuss any barriers to the programs in addition to successes.</p> <p>For example, Spokane County BHO program staff routinely accompanies participants to court proceedings to provide support through the process, and have been able to address old warrants which in the past have often led to re-incarceration.</p> <p>Greater Columbia BHO has facilitated monthly meetings with stakeholders (behavioral health providers, law enforcement, corrections, attorneys, and court personnel), which has resulted in a more</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>streamlined referral process. Barriers include finding housing for enrollees and encouraging prosecutors to divert individuals into the program.</p> <p>The BHO's have actively engaged with their local law enforcement and courts to increase communication and develop common goals for their programs. Specifically, King County has attempted to address these barriers with a Memorandum of Understanding with the prosecutor's office, which includes a "Document of Shared Principles" which addresses issues such as eligibility for the program, and has entered into discussions with housing providers (King County Housing Authority, Plymouth Housing Group) to increase access for program participants, as well as developing specialized respite when needed.</p> <p>OFMHS is also analyzing data from the programs to provide outcome results of the diversion programs. Outcomes used to measure program success include the # of individuals engaged in ongoing services, the # of individuals who have obtained housing, the # of individuals who have not been re-incarcerated.</p> <p>Tony O'Leary and Can Du, BHA Decision Support and Evaluation Office Chief, met on January 22, 2018 to modify the spreadsheet used by the BHO's to report data to more clearly capture the specific data elements to reflect these outcomes.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>OFMHS Liaison and Diversion Specialist will continue to monitor the programs and provide technical assistance as needed to address any barriers. Technical assistance offered to date includes defining contract terms, working to resolve legal issues with providing names of class members, and developing strategies on how to best work with prosecutors in increasing referrals. For example, it was recommended that the diversion programs work with prosecutors at the county rather than the district level to facilitate broader policy direction, as opposed to different protocols for each jurisdiction; and that each program report data using a common template so that all of the data elements are captured.</p>
<p>Increase diversion opportunities</p>	<p>Governor’s Office to contract with diversion consultant</p>	<p>In Process</p>	<p>Hire a consultant to identify how best to divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms with appropriate stakeholders.</p>	<p>DSHS is participating in an HCA/DOC/DSHS Re- entry Workgroup to discuss reinstatement of Medicaid benefits for individuals transitioning from jail/prison to the community. The primary DSHS contact is the Offender Re-Entry Community Safety (ORCS) program administrator, and OFMHS will participate as appropriate.</p>

FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES

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

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:			
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."
2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:			
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 268 jail evaluation orders signed in January, 188 were completed within 14 days, which is 70.1%. This number is expected to rise once the data are mature.</p>
<p>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:</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>	<ul style="list-style-type: none"> • As of January 31, 2018, OFMHS has received 170 triage referrals from jail staff/defense. Of those referrals, 117 were approved. 34 of the referrals were denied, and 19 of these referrals were withdrawn before placement could be made. Of the seven referrals approved for expedited admission in January 2018, all seven were admitted within four days of the initial request. • On average, it takes 7 days for an individual to be expedited through the triage system (from receipt of all required information to admission to a bed). The turnaround time for material review from both the triage consultant and the Chief Medical Officer continues to occur – usually within 1 day and no more than 2 days following the initial referral. Additional information and updates on the triage system may be found in the “explore and pursue triage system possibilities” task in the <i>Trueblood</i> Implementation Steps matrix above. • Work to complete Triage Services manuals and advisory resources is nearing completion. The Department intends to have completed manuals and advisory resources available to relevant stakeholders by the end of March, 2018.

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:			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016	Complete	<ul style="list-style-type: none"> As of January 31, 2018, OFMHS has received 170 triage referrals from jail staff/defense. Of those referrals, 117 were approved. 34 of the referrals were denied, and 19 of these referrals were withdrawn before placement could be made. Of the seven referrals approved for expedited admission in January 2018, all seven were admitted within four days of the initial request. Work to complete Triage Services manuals and advisory resources is nearing completion. The Department intends to have completed manuals and advisory resources available to relevant stakeholders by the end of March, 2018.
5. Report on the implementation status of the CMS Plan of Correction by:			
B. Reporting on the implementation status in Defendants' monthly reports to the Court Monitor	Beginning March 15, 2016, ongoing	Ongoing	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement will run from November 2, 2017 to July 2, 2018. A copy of the agreement was shared with Dr. Mauch by Defense Counsel on November 3, 2017. As a result of a court order in April, the Department worked with Plaintiff's and the court monitor in developing a bed capacity/expansion plan.
6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March by:			
C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement will run from November 2, 2017 to July 2, 2018. A copy of the agreement was shared with Dr. Mauch by Defense Counsel on November 3, 2017.

8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:			
D. Executing contracts for implementation by the selected providers	April 15, 2016	Complete	Prosecutorial diversion was funded for fiscal year 2018.
10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system	To initiate new system development efforts- May 27, 2016	Ongoing development and project underway.	<ul style="list-style-type: none"> • Project Team has completed the Reporting Environment. Reports inventory is being prioritized for delivery. • Project Governance has approved the Data Migration Plan. • Data extracts from the current state have been created and the process documented. • Data load into the new system is in process and will be documented.

JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

The three status updates required in the July 7, 2016 Court Order are below.

1. Monetary sanctions – fines are imposed on a per class member, per day basis. On the 15th of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on August 15, 2016 and will be included in this report when finalized as Appendix M.
2. Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines.
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 15th 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 collecting data on use of the good cause exception. The data required to be reported can be found in Appendix N in the final report. The IT system has been modified to include fields for data on the use of the good cause data exception and is currently going through testing. The Forensic Advisory Committee (FAC) is a regularly scheduled (twice a month) committee that provides business process clarification / recommendations to the technical team as the system is being built. FAC is a recurring meeting that is meeting with regularity.

APPENDICES

Appendices A – G:

This file is submitted with the DRAFT report and includes mature data tables for December, 2017 as well as outliers and order received data.

Appendices H – L:

This file is submitted with the DRAFT report and includes first look data tables for January, 2018.

Appendix M: Calculation of Inpatient Contempt Fines

This file is submitted with the FINAL report.

Appendix N: Calculation of Jail-Based Contempt Fines

This file is submitted with the FINAL report.

Appendix O: Good Cause Exceptions

This file is submitted with the FINAL report.