

***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

March 30, 2018

Behavioral Health Administration
Office of Forensic Mental Health Services
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 7

Class Member Status Data Graphs.....Page 13

Table 4: Total Completed Jail Evaluations by Court Order Signed.....Page 16

Tables 5a-5c: Number and Percentage of Orders.....Page 19

Resources Required to Provide Timely Competency Services.....Page 22

Key Accomplishments- February 2018.....Page 23

Trueblood Implementation Steps Taken and Planned— February 2018.....Page 25

February 8, 2016 Court Order Status Report/Updates.....Page 35

July 7, 2016 Contempt Court Order Status Updates.....Page 38

August 15, 2016 Order Modifying the Permanent Injunction.....Page 38

Appendices.....Page 40

 A. January 2018 Mature Data Tables.....Page 40

 B. Class Member—Evaluation Information for January 2018.....Page 40

 C. Class Member—Restoration Information for January 2018.....Page 40

 D. Class Member—Restoration Information for January 2018 Maple Lane.....Page 40

 E. Class Member—Restoration Information for January 2018 Yakima.....Page 40

 F. Outliers and Delay Comments.....Page 40

 G. Percent of Court Orders Received Within 3 Days of Court Order.....Page 40

 H. February 2018 First Look Data Tables.....Page 40

 I. Class Member—Evaluation Information for February 2018.....Page 40

 J. Class Member—Restoration Information for February 2018.....Page 40

 K. Class Member—Restoration Information for February 2018 Maple Lane.....Page 40

 L. Class Member—Restoration Information for February 2018 Yakima.....Page 40

 M. Calculation of Inpatient Contempt Fines.....Page 40

 N. Calculation of Jail-Based Contempt Fines.....Page 40

 O. Good Cause Exceptions.....Page 40

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 March 15, 2018 and covers the events of February, 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 34.

This report provides the Class Member data for competency services displayed in two periods; January 1, 2018 – January 31, 2018 and February 1, 2018 – February 28, 2018. The January data are considered “mature” and the February 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 January 31, 2018 (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-January 2018
 - WSH: 215.3
 - ESH: 50.6
 - Both hospitals: 265.9
- Average monthly inpatient evaluation orders signed for April 2015-January 2018
 - WSH: 18.7
 - ESH: 7.4
 - Both hospitals: 26.1
- Average monthly restoration orders signed for April 2015-January 2018
 - WSH: 82.2
 - ESH: 14.2
 - Both hospitals: 96.4

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

Orders:

- The number of jail-based evaluation orders at WSH rose to 227 in January from 180 the previous month, which is above the 215.3 average, and is significantly higher than the year-over-year number. ESH also saw an increase to 73 orders from 52 the previous month, which is well above the 50.6 average. Combined, the hospitals received 300 orders in December, which is well above the 265.9 average.
- WSH received 15 inpatient evaluation orders which is below the 18.7 average. ESH had 8 inpatient evaluation orders, which is right about the 7.4 average. Orders at both sites totaled 23 which is slightly below the 26.1 average.
- WSH received 81 restoration orders which is right on par with the 82.2 average. ESH had 16 orders which is above the 14.2 average. There were 97 restoration orders across both hospitals which is on par with the 96.4 average.

Wait Times:

- Regarding jail-based 14 day evaluation completion times, WSH is at 9.0 days on average from order to completion and ESH is averaging 12.7 days. The combined average is 9.9 days.
- The average inpatient evaluation admission wait times at WSH is 48.4 days. ESH average is at 5.9 days. The combined average is 33.0 days.
- Restoration admission wait times at WSH is 52.2 days on average. The ESH average is 5.3 days. The combined average is 46.7 days.

Timeliness:

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 67% 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 9% completion rate within 7 days.

Outlier Cases (Mature)

The monthly outlier population cases have been defined by the court monitor as:
 * Population from the mature data month.
 * Evaluations: incomplete status and waiting more than 20 days for an evaluation (In-Jail or Inpatient), by the end of the reporting period.
 * Restorations: incomplete status and waiting more than 40 days for restoration services (Inpatient), by the end of the reporting period.
 * Wait times for Inpatient services are measured from order to admission, not completion of the evaluation or restoration services.

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:	0	0	0
Inpatient Evaluations:	16	22	89
Inpatient Restorations (Misdemeanor):	11	43	107
Inpatient Restorations (Felony):	63	41	118

SUMMARY OF DELAY REASONS FOR IN-JAIL EVALUATIONS

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/jail	0
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 Reason Listed (cell was left blank)	0
Other	0
TOTAL:	0

SUMMARY OF DELAY REASONS FOR INPATIENT EVALUATIONS AND RESTORATIONS

REASONS FOR DELAY IN DATABASE	OUTLIER CASES
Bed availability	88
Change in status from PR to JH or JH to PR	0
Client released from custody/jail	0
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	2
No Reason Listed (cell was left blank)	0
Other	0
TOTAL:	90

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

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

Table1 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	227	0.4	0.0	0.5	0.0	4.7	5.0	9.0	8.5	69%		
Feb-18	197	0.4	0.0	0.5	0.0	5.7	5.0	9.0	9.0	83%			

Data Notes:

¹This data was pulled on 03/01/2018.

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 Summary¹

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	20	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	14	3.2	0.5	3.2	0.0	33.2	31.0	48.4	60.5	5%			
Feb-18	9	3.6	0.0	3.6	0.0	36.1	40.0	53.1	62.0	6%			
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	97	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	89	1.6	0.0	1.6	0.0	43.8	34.0	37.7	35.0	12%			
Jan-18	79	1.0	0.0	0.9	0.0	44.9	42.0	52.2	44.0	6%			
Feb-18	92	0.7	0.0	0.7	0.0	43.3	34.0	46.6	29.0	7%			

Data Notes:

¹This data was pulled on 03/01/2018.

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

Table1 Title: Competency Outpatient (Jail) Evaluations and 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 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		
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	59%		
Dec-17		52	1.3	0.0	2.3	1.0	11.7	10.0	13.5	10.0	65%		
Jan-18		73	1.1	0.0	1.8	1.0	5.1	6.0	12.7	13.0	61%		
Feb-18	52	1.0	0.0	2.1	1.0	9.2	8.0	10.9	11.0	64%			

Data Notes:

¹This data was pulled on 03/01/2018.

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 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 ^{2,3}	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	8	0.8	0.5	0.9	0.5	0.0	0.0	5.9	5.5	70%			
Feb-18	5	0.3	0.0	0.4	0.0	7.0	7.0	8.0	8.0	14%			
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	16	0.3	0.0	0.4	0.0	1.2	1.0	5.3	6.0	63%			
Feb-18	17	0.7	0.0	0.9	0.0	9.6	8.0	9.4	9.5	22%			

Data Notes:

¹This data was pulled on 03/01/2018.

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		
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		300	0.5	0.0	0.8	0.0	4.8	5.0	9.9	9.0	67%		
Feb-18	249	0.5	0.0	0.8	0.0	7.0	6.5	9.3	9.0	79%			

Data Notes:

¹This data was pulled on 03/01/2018.

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

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				
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	31	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	30.7	25.5	33.0	24.5	19%			
Feb-18	14	3.0	0.0	3.1	0.0	32.1	29.0	42.5	44.0	8%			
Apr-15	67	1.5	0.0	2.1	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	15%			
Sep-17	115	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	109	1.6	0.0	1.6	0.0	42.8	34.0	31.4	12.0	13%			
Jan-18	95	0.9	0.0	0.9	0.0	43.1	41.0	46.7	39.5	9%			
Feb-18	109	0.7	0.0	0.7	0.0	41.8	29.5	40.4	22.0	9%			

Data Notes:

¹This data was pulled on 03/01/2018.

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).

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

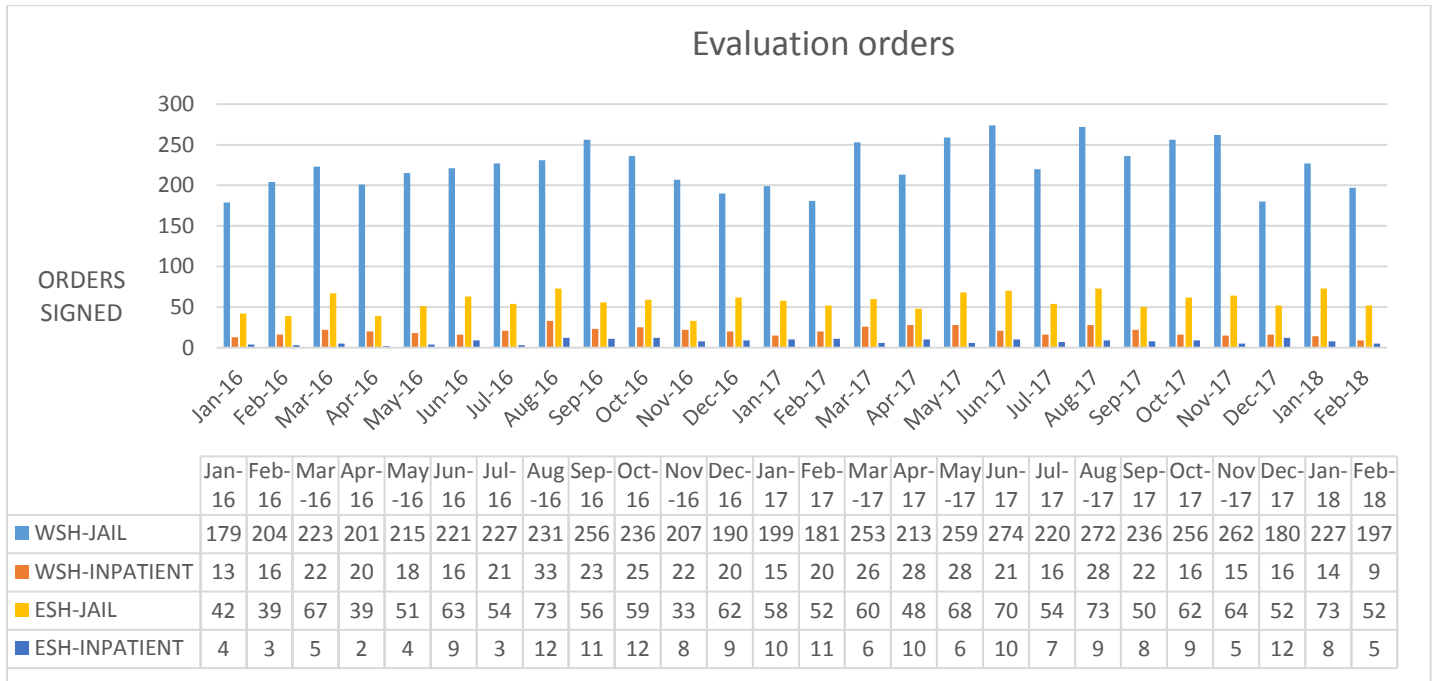


FIGURE 2. Restoration Orders

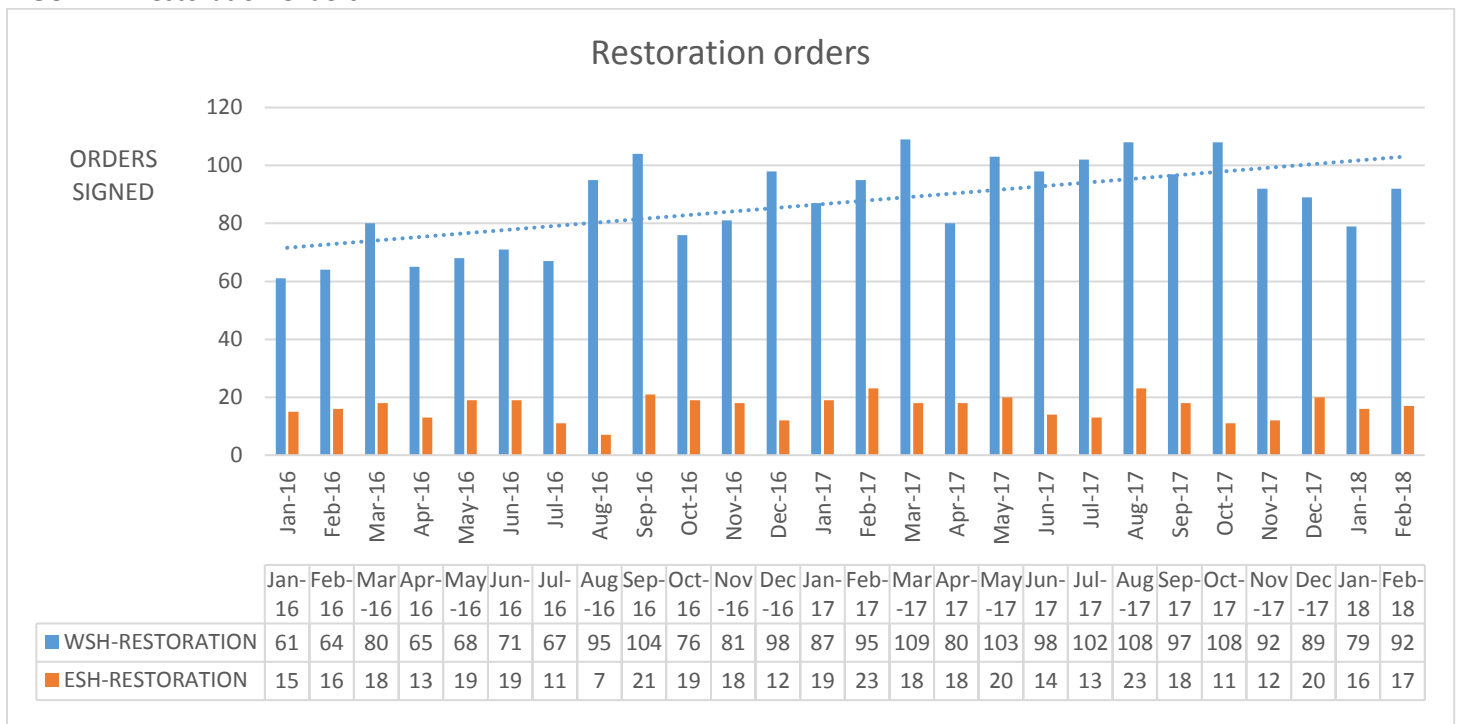


FIGURE 3. Evaluations – Median

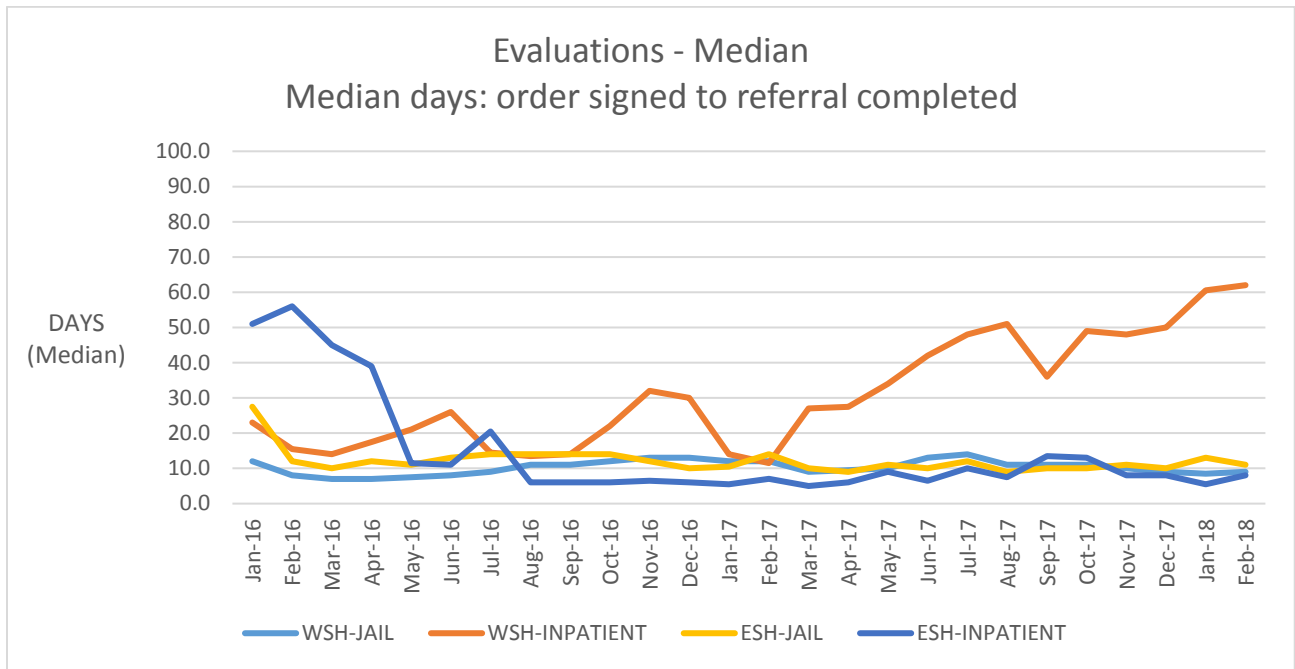


FIGURE 4. Evaluations – Average

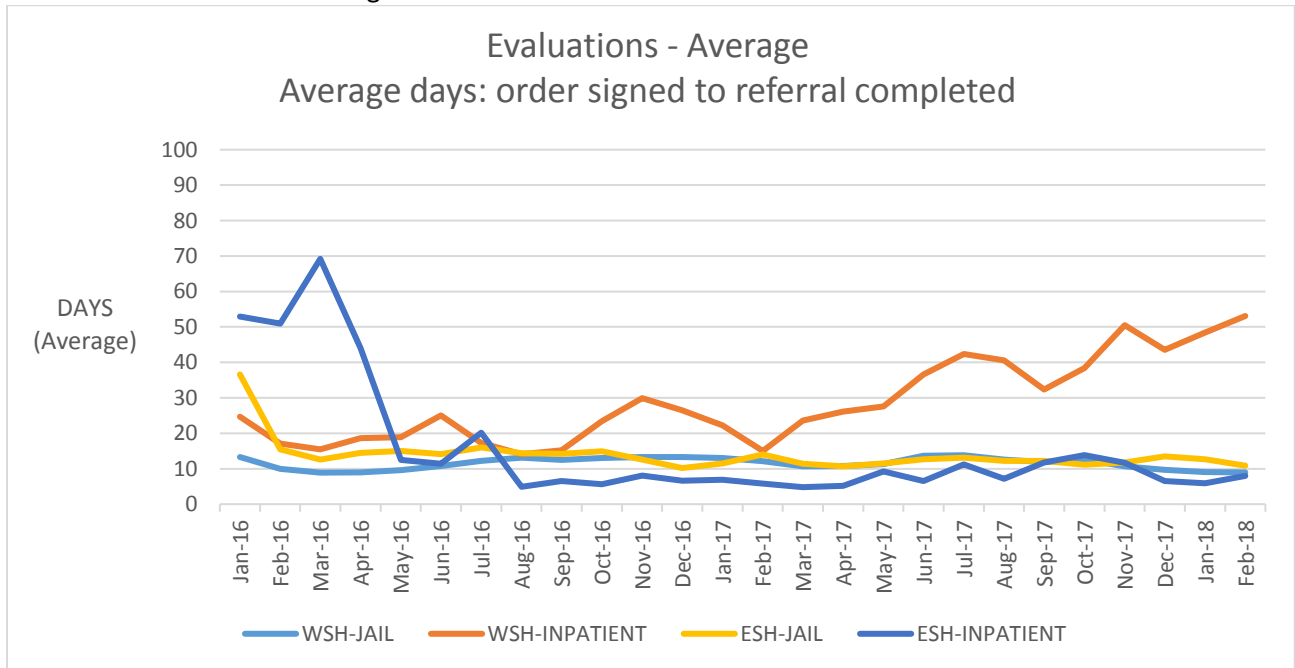


FIGURE 5. Restorations - Median

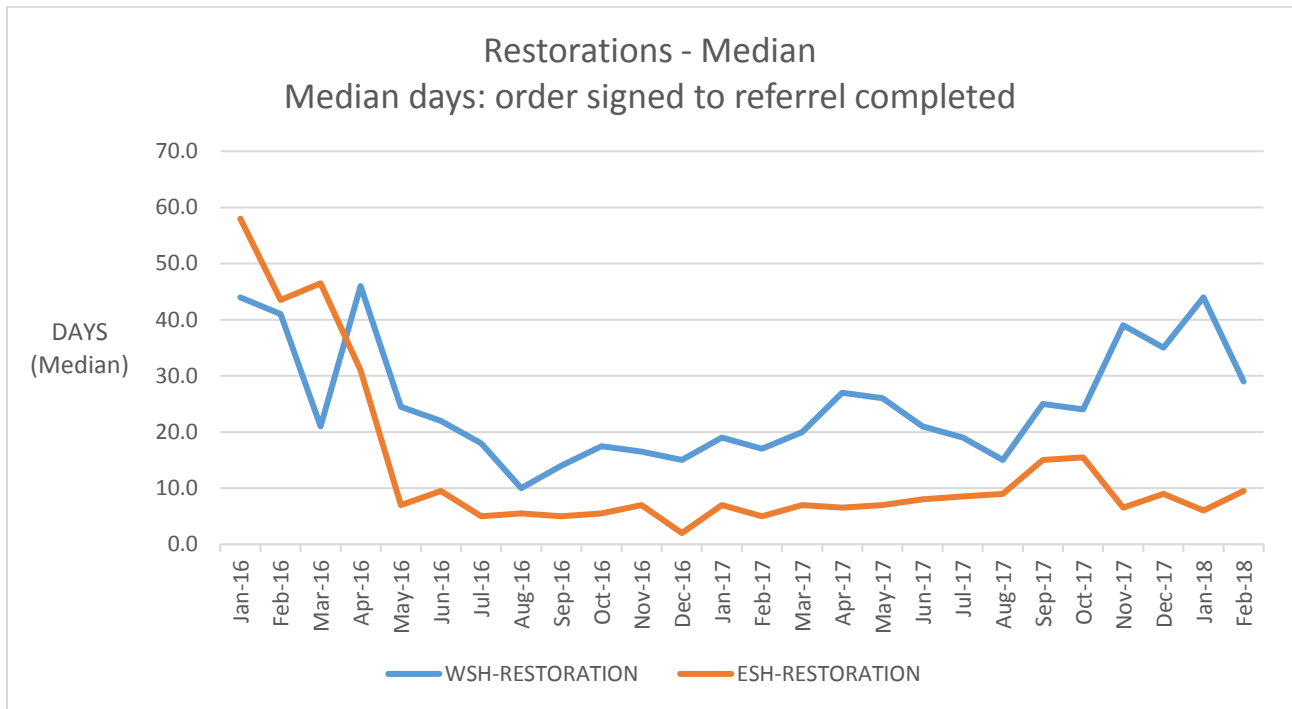


FIGURE 6. Restorations – Average

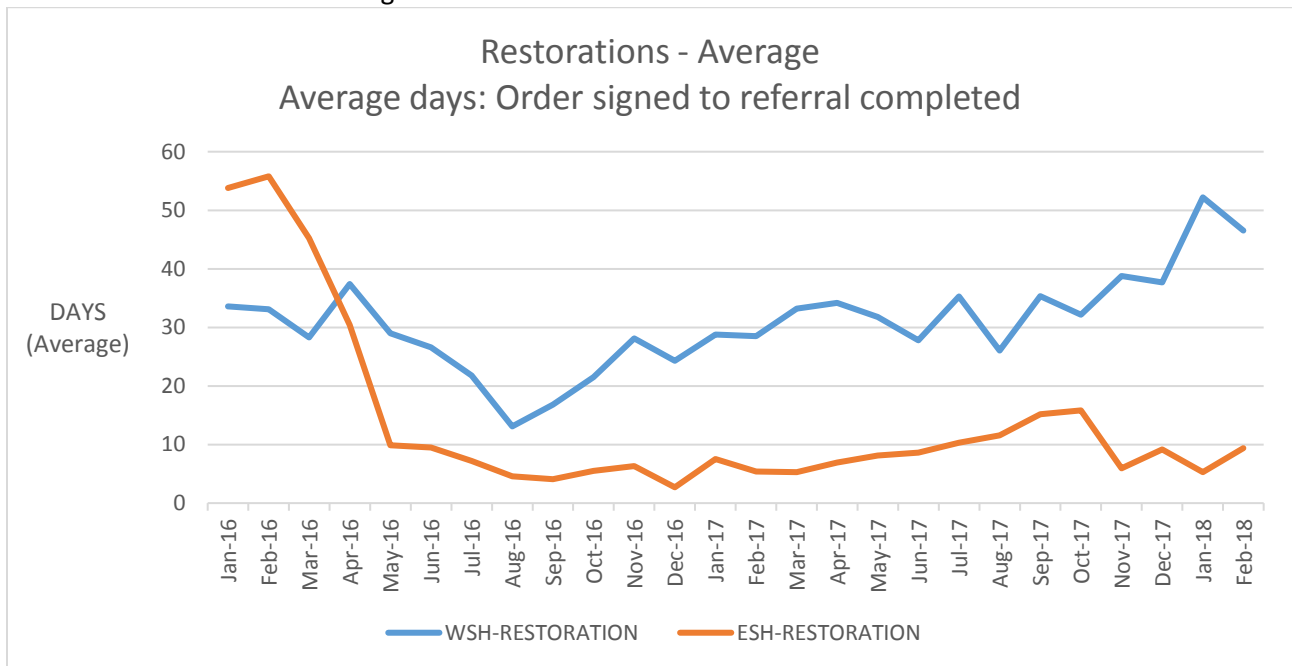


TABLE 4a-4c. Summary of jail evaluations, in-patient evaluations, and restorations by month since February, 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed. February 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	281	300	93.7%
Feb-18	188	249	75.5%

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 03/01/2018.

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	31	38.7%
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	10	22	45.5%
Feb-18	2	14	14.3%

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 03/01/2018.

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	115	19.1%
Oct-17	36	119	30.3%
Nov-17	36	104	34.6%
Dec-17	32	109	29.4%
Jan-18	24	95	25.3%
Feb-18	19	109	17.4%

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 03/01/2018.

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	300	284	94.7%	286	95.3%
Feb-18	249	188	75.5%	189	75.9%

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	31				
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	10	45.5%	10	45.5%
Feb-18	14	2	14.3%	2	14.3%

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	115	23	20.0%	23	20.0%
Oct-17	119	37	31.1%	38	31.9%
Nov-17	104	36	34.6%	36	34.6%
Dec-17	109	34	31.2%	34	31.2%
Jan-18	95	25	26.3%	25	26.3%
Feb-18	109	19	17.4%	19	17.4%

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, 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, 2017 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 the WSIRB acknowledged 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. A data sharing meeting took place on February 12, 2018 during which TriWest presented the preliminary results of the analyses conducted thus far.

DSHS provided additional county-level aggregate data to TriWest following the February 12 presentation. TriWest incorporated the additional data in the analysis and provided DSHS an updated presentation on February 26, 2018. DSHS will review the slide and provide feedback to TriWest, if any.

TRUEBLOOD KEY ACCOMPLISHMENTS – FEBRUARY 2018

RECRUITMENT

- Talent Acquisition staff at DSHS Headquarters continue to recruit for all positions at Western State Hospital (WSH) 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. 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.

RESIDENTIAL TREATMENT FACILITIES (RTF's) DATA:

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											22
Total patients admitted	13	15											14
Completed and found competent (1st Restoration)	10	10											10
Not likely restorable (transported back to jail)	2	1											1.5
Court Order lapsed (Transported back to Jail)	1	1											1
Felony patients completed and found not likely restorable (1st Restoration)	0	0											0
Misdemeanor patients not restored (no further treatment by law)	0	0											0
Total transferred to State Hospital	1	3											2
For physical aggression	0	2											1
For sexually inappropriate behavior	0	0											0
For medical reasons	0	1											0.5
Due to court ordered treatment at SH	0	0											0
Other	1	0											0.5
Total patients eloped	0	0											0
Total recommended for early evaluation	2	6											4
Total recommended for 2nd 90-day order	2	3											2.5
Total recommended for 3rd 90-day order	0	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	26											25.5
Total patients admitted	18	11											14.5
Completed and found competent (1st Restoration)	11	4											7.5
Not likely restorable (transported back to jail)	0	0											0
Court Order lapsed (Transported back to Jail)	0	0											0
Felony patients completed and found not likely restorable (1st Restoration)	0	0											0
Misdemeanor patients not restored (no further treatment by law)	2	0											1
Total transferred to State Hospital	4	4											4
For physical aggression	3	3											3
For sexually inappropriate behavior	1	0											0.5
For medical reasons	0	1											0.5
Due to court ordered treatment at SH	0	0											0
Other	0	0											0
Total patients eloped	0	0											0
Total recommended for early evaluation	8	0											4
Total recommended for 2nd 90-day order	4	2											3
Total recommended for 3rd 90-day order	0	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. The third RFI was drafted and sent to the court monitor, the Plaintiff attorneys, and the Attorney General's Office for review and comment. A final draft was completed and on February 28th, the third Request for Information was completed and distributed.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—FEBRUARY 2018

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release February 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 February 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 months of January and February, 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. 	<ul style="list-style-type: none"> 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. OFMHS successfully completed the first competency evaluation via secure videoconferencing, between the Snohomish County Jail and a DSHS facility, on February 6, 2018.

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. 	<p>In 2018, a UMCC meeting was scheduled and held on February 27, 2018. Additional UMCC meetings with the forensic evaluators will be scheduled in 2018.</p> <p>A demand to bargain on exchange time was completed on February 16, 2018.</p>
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 Diversion Module. Two UAT sessions were conducted to validate the data load. • Data load into the new system is nearly complete. Testing is scheduled for the week of March 19.
	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 February 2018, no interviews were scheduled for the supervisor position. One offer was made and accepted for a forensic evaluator position during the month of February.
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 second 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 Acquisition is in charge of Residential Rehabilitation Counselor and Security Guard
	Pursue contracting			

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				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.	<p>During the month of February, the outstation supervisor continued ongoing outreach to county partners. Communications were sent to Snohomish County, regarding their revised screening tool. However, no response has been received thus far. Additionally, a request for contacts was sent to Mason County with regard to the possibility of opening an outstation there.</p> <p>With a new Liaison and Diversion Specialist coming on-board on March 16, these efforts will be redoubled.</p>
	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 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. • A stakeholder meeting was held by the parties on February 22, 2018 targeting the BHO's and providers. The focus was on the forensic mental health system.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
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 (QA) program for competency reports began November 1, 2017. Forensic Evaluator Supervisors were provided with a manual of standards for competency evaluations and then set out to audit competency evaluation reports generated by their direct reports. During Q4 2017, 64.7% of forensic evaluators had competency evaluation reports audited by supervisors. Supervisors were reminded on the process of reviewing reports and submitting information to the QA spreadsheet.
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 February 28, 2018, OFMHS has received 178 triage referrals from jail staff/defense. Of those referrals, 124 were approved. 34 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. • On November 2, 2016 OFMHS began calling jails holding in-custody defendants waiting 14 days for a competency evaluation to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. In February 2018, a total of 52 calls were made, and 6 resulted in referral requests. • Since tracking began, 1,689 calls have been made. • Work to complete Triage Services manuals and advisory resources is nearing completion. The

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				Department intends to have completed manuals and advisory resources available to relevant stakeholders by the end of March, 2018.
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. The Department awaits 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>The Department awaits an enacted budget.</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Provide Restoration Treatment at the Maple Lane Competency Restoration Program (MLCRP)	Open Maple Lane facility	Complete	<ul style="list-style-type: none"> Identify alternate facility capacity to meet <i>Trueblood</i> compliance. 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. 	Please see data table on page 23.
	Restore patients to competency	Ongoing		
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 23.
	Restore patients to competency	Ongoing		
Open a second pod at YCRP	Open Second Pod	March 2018		In February 2018, the Federal Court approved a motion by the parties in which the court will provide remodeling funding for Building 27 and the Department will not expand at Yakima and use that money for the operations of Building 27.
Outpatient Competency	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration	OFMHS is continuing to plan for OCRP program implementation pending inclusion of the funding in

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Restoration Programs (OCRP)			programs in King, Pierce, and Spokane Counties.	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.	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.
Increase diversion opportunities	Governor's Office to contract with diversion consultant	In Process	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.	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)

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				program administrator, and OFMHS will participate as appropriate.

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 249 jail evaluation orders signed in January, 188 were completed within 14 days, which is 75.5%. 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 February 28, 2018, OFMHS has received 178 triage referrals from jail staff/defense. Of those referrals, 124 were approved. 34 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. • 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.
<p>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:</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>	<ul style="list-style-type: none"> • As of January 31, 2018, OFMHS has received 178 triage referrals from jail staff/defense. Of those referrals, 124 were approved. 34 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. • 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 Diversion Module. Two UAT sessions were conducted to validate the data load. • Data load into the new system is nearly complete. Testing is scheduled for the week of March 19.

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 Appendices M and N.
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 O 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 January, 2018 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 February, 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.