

***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

December 31, 2018

Due to the introduction of the new Forensic Data System on August 1 2018, there have been numerous changes to the data collected for Trueblood reporting. The new system reflects a significant improvement over the prior approach that required coordinating data manually across different data systems from different locations using different processes and definitions.

It is common for data challenges to emerge in the initial year of implementation of complex new IT systems. Multiple issues have been resolved since the “go-live” date, and we continue to work to resolve new issues as they are identified. We expect fewer and fewer issues affecting data quality will be identified over time.

We are progressing towards an approach where we will create a regularly updated downloadable de-identified database containing the full history of all Trueblood cases over time. This database will represent an up-to-date, complete set of data that all parties can view/download/analyze at any time. This database will contain the most current data available for the most recent month and all past months. This will eliminate the need to publish “snapshot” reports for prior months that are out-of-date soon after publication.

Because all monthly data produced by the Department is updated with each subsequent report, there are no plans at this time to recreate reports for the months of September, October, November, and December of 2018. Instead, please see the data included in the January 2019 report, which reflects the most current information available for all of the months following the introduction of the Forensic Data System on August 1 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 December 31, 2018 and covers the events of November, 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 43.

This report provides the Class Member data for competency services displayed in two periods; October 1, 2018 – October 31, 2018 and November 1, 2018 – November 30, 2018. The October data are considered “mature” and the November 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 October 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-October 2018
 - WSH: 227.0
 - ESH: 53.4
 - Both hospitals: 280.4
- Average monthly inpatient evaluation orders signed for April 2015-October 2018
 - WSH: 17.0
 - ESH: 7.7
 - Both hospitals: 24.7
- Average monthly restoration orders signed for April 2015-October 2018
 - WSH: 84.9
 - ESH: 15.1
 - Both hospitals: 100.0

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

Orders:

- The number of jail-based evaluation orders at WSH fell to 239 in October from 312 the previous month. This is still above the 227.0 average. ESH saw a decrease to 58 orders from 71 the previous month, which is below the 53.4 average. Combined, the hospitals received 297 orders in October, which is well above the 279.1 average.
- WSH received 9 inpatient evaluation orders which is well below the 17.0 average. ESH had 5 inpatient evaluation orders, which is well below the 7.7 average. Orders at both sites totaled 14 which is well below the 24.7 average.
- WSH received 84 restoration orders which is right on par with the 84.9 average. ESH had 16 orders which is also right on par with the 15.1 average. There were 100 restoration orders across both hospitals which is exactly the 100.0 average.

Wait Times:

- Regarding jail-based 14 day evaluation completion times, WSH is at 10.4 days on average from order to completion and ESH is averaging 15.3 days. The combined average is 11.4 days.
- The average inpatient evaluation admission wait times at WSH is 53.9 days. ESH average is at 21.4 days. The combined average is 39.7 days.
- Restoration admission wait times at WSH is 51.5 days on average. The ESH average is 20.8 days. The combined average is 43.6 days.

Timeliness:

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 61% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at a 0% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at a 5% 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:	8	21	72
Inpatient Evaluations:	9	27	48
Inpatient Restorations (Misdemeanor):	12	41	138
Inpatient Restorations (Felony):	64	41	182

SUMMARY OF DELAY REASONS FOR <u>IN-JAIL EVALUATIONS</u>	
REASONS FOR DELAY IN DATABASE	OUTLIER CASES
Attorney scheduling conflict	2
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	1
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	0
No Reason Listed (cell was left blank)	5
Other	0
TOTAL:	8

SUMMARY OF DELAY REASONS FOR <u>INPATIENT EVALUATIONS AND RESTORATIONS</u>	
REASONS FOR DELAY IN DATABASE	OUTLIER CASES
Bed Availability	85
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	0
No Reason Listed (cell was left blank)	0
Other	0
TOTAL:	85

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

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

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ² :								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}
			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 - 14 day compliance	Nov-17	262	0.6	0.0	0.9	0.0	5.3	3.0	10.6	10.0	69%	69%	70%
	Dec-17	180	0.5	0.0	0.8	0.0	5.8	4.0	9.7	9.0	70%	70%	71%
	Jan-18	227	0.4	0.0	0.5	0.0	4.7	5.0	9.0	8.5	69%	69%	69%
	Feb-18	235	0.6	0.0	0.7	0.0	3.6	2.0	8.9	9.0	75%	75%	76%
	Mar-18	270	0.6	0.0	0.7	0.0	4.7	4.0	9.0	9.0	76%	76%	76%
	Apr-18	265	0.5	0.0	0.5	0.0	6.2	5.0	9.9	10.0	75%	76%	76%
	May-18	304	0.4	0.0	0.5	0.0	5.4	6.0	9.3	9.0	74%	75%	75%
	Jun-18	284	0.5	0.0	0.6	0.0	5.0	3.0	9.7	9.0	72%	72%	73%
	Jul-18	306	0.3	0.0	0.4	0.0	7.0	7.0	10.2	10.0	74%	74%	74%
	Aug-18	312	0.3	0.0	0.7	0.0	4.6	3.0	14.3	10.0	71%	71%	71%
	Sep-18	239	0.3	0.0	0.7	0.0	6.9	5.0	10.4	10.0	66%	67%	67%
	Oct-18	305	0.5	0.0	0.7	0.0	6.4	6.0	11.1	11.0	64%	67%	67%
	Nov-18	247	0.5	0.0	0.8	0.0	5.5	3.0	12.6	13.0	57%	59%	59%

Data Notes:

¹This data was pulled on 12/05/2018.

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

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	Nov-17	15	1.4	0.0	1.6	0.0	31.8	27.0	50.5	48.0	0%	0%	0%
	Dec-17	16	4.2	0.5	4.2	0.5	31.4	32.0	43.5	50.0	8%	8%	8%
	Jan-18	16	3.2	0.5	3.2	0.0	33.2	31.0	48.4	60.5	5%	5%	5%
	Feb-18	6	4.9	0.0	4.9	0.0	40.6	41.0	55.2	62.0	7%	7%	7%
	Mar-18	12	2.0	0.0	2.0	0.0	31.8	25.0	44.1	61.5	17%	17%	17%
	Apr-18	10	2.1	0.0	2.1	0.0	23.2	19.5	56.3	62.0	0%	0%	0%
	May-18	11	0.7	0.0	0.7	0.0	21.3	22.0	41.4	42.0	4%	4%	4%
	Jun-18	9	1.7	0.0	1.7	0.0	25.1	17.0	33.7	40.0	5%	5%	5%
	Jul-18	14	1.8	0.0	1.8	0.0	21.5	18.0	41.8	42.0	0%	0%	0%
	Aug-18	7	1.7	0.0	0.2	0.0	31.8	32.0	44.6	38.0	0%	0%	0%
	Sep-18	8	1.3	0.0	0.4	0.0	32.5	29.0	53.9	50.0	0%	0%	0%
	Oct-18	14	0.7	0.0	0.6	0.0	20.9	23.5	42.5	43.0	0%	0%	0%
	Nov-18	9	0.8	1.0	0.8	1.0	28.2	28.0	36.2	37.0	0%	0%	0%
Inpatient Restoration ⁴	Nov-17	92	1.6	0.0	1.6	0.0	38.1	34.5	38.8	39.0	13%	13%	13%
	Dec-17	84	1.6	0.0	1.6	0.0	43.8	34.0	37.7	35.0	12%	12%	12%
	Jan-18	78	1.0	0.0	0.9	0.0	44.9	42.0	52.2	44.0	5%	6%	6%
	Feb-18	95	1.1	0.0	1.0	0.0	39.0	27.0	47.3	34.0	7%	8%	8%
	Mar-18	96	1.1	0.0	1.1	0.0	35.8	30.0	45.8	27.5	9%	10%	10%
	Apr-18	121	1.4	0.0	1.4	0.0	30.1	26.0	46.0	38.0	8%	10%	10%
	May-18	96	1.2	0.0	1.2	0.0	38.5	37.0	37.6	25.0	10%	10%	10%
	Jun-18	91	1.1	0.0	1.1	0.0	36.9	34.0	45.2	49.0	7%	7%	7%
	Jul-18	100	1.4	0.0	1.4	0.0	40.5	36.0	42.5	32.0	10%	10%	11%
	Aug-18	100	1.4	0.0	1.6	0.0	37.6	30.0	38.5	22.5	6%	6%	6%
	Sep-18	82	1.2	0.0	1.2	0.0	42.9	34.0	51.5	42.0	4%	3%	4%
	Oct-18	118	0.9	0.0	1.1	0.0	38.4	30.0	49.0	40.0	5%	5%	5%
	Nov-18	84	0.8	0.0	0.9	0.0	46.4	38.5	49.5	43.0	6%	6%	6%

Data Notes:

¹This data was pulled on 12/05/2018.

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

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to ² :								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}
			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 - 14 day compliance	Nov-17	64	1.3	0.0	2.0	1.0	6.9	8.0	11.8	11.0	58%	59%	59%
	Dec-17	52	1.3	0.0	2.3	1.0	11.7	10.0	13.5	10.0	65%	66%	70%
	Jan-18	73	1.1	0.0	1.8	1.0	5.1	6.0	12.7	13.0	61%	64%	64%
	Feb-18	65	0.8	0.0	1.9	1.0	4.9	2.0	10.9	11.0	59%	61%	61%
	Mar-18	75	1.4	0.0	2.3	1.0	10.5	10.0	11.9	12.5	55%	59%	59%
	Apr-18	51	1.7	0.0	2.2	1.0	7.4	5.0	14.0	13.0	52%	55%	56%
	May-18	63	0.8	0.0	1.6	1.0	6.0	6.0	14.0	13.0	45%	47%	47%
	Jun-18	68	0.8	0.0	1.9	1.0	7.6	5.0	14.3	14.0	39%	45%	45%
	Jul-18	70	0.8	0.0	1.7	1.0	7.5	6.0	12.5	13.0	51%	53%	54%
	Aug-18	72	0.9	0.0	1.4	1.0	8.0	8.0	14.3	14.0	45%	49%	49%
	Sep-18	59	1.2	0.0	2.2	1.0	10.2	9.0	15.3	14.0	41%	45%	45%
	Oct-18	80	1.0	0.0	1.6	1.0	11.5	8.0	13.7	13.0	47%	52%	52%
	Nov-18	57	1.0	0.0	1.7	1.0	9.6	4.0	15.7	14.0	33%	37%	38%

Data Notes:

¹This data was pulled on 12/05/2018.

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

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	Nov-17	5	2.8	0.0	3.8	0.5	1.5	1.5	11.7	8.0	20%	20%	20%
	Dec-17	12	0.2	0.0	1.3	1.0	6.5	6.5	6.5	8.0	42%	50%	50%
	Jan-18	8	0.8	0.5	0.9	0.5	0.0	0.0	5.9	5.5	70%	70%	70%
	Feb-18	5	0.3	0.0	0.4	0.0	7.0	7.0	8.0	8.0	14%	14%	14%
	Mar-18	13	0.6	0.0	1.4	0.0	16.1	15.0	14.9	15.0	6%	6%	6%
	Apr-18	7	1.6	0.0	2.0	0.0	8.5	8.5	18.8	17.5	0%	0%	0%
	May-18	11	0.8	0.0	1.4	1.0	11.9	10.0	14.0	15.0	8%	8%	8%
	Jun-18	10	0.7	0.0	2.9	1.0	7.8	5.0	24.7	23.0	0%	0%	0%
	Jul-18	9	0.4	0.0	2.3	1.0	20.0	20.0	16.7	16.0	20%	20%	20%
	Aug-18	11	0.1	0.0	0.5	0.5	7.0	6.0	20.8	20.5	7%	7%	7%
	Sep-18	5	0.5	0.0	3.9	0.0	9.0	8.0	21.4	23.0	0%	0%	0%
	Oct-18	8	0.3	0.0	3.4	1.0	5.8	2.0	15.0	16.0	17%	17%	17%
	Nov-18	11	0.2	0.0	0.5	0.5	7.7	11.0	18.5	17.0	12%	12%	12%
Inpatient Restoration	Nov-17	12	1.1	0.0	2.4	1.0	5.8	5.5	5.9	6.5	44%	44%	44%
	Dec-17	20	1.3	0.0	2.3	0.0	10.2	10.0	9.2	9.0	25%	29%	29%
	Jan-18	16	0.3	0.0	0.4	0.0	1.2	1.0	5.3	6.0	63%	63%	63%
	Feb-18	19	1.0	0.0	1.2	0.0	7.6	8.0	9.4	9.5	20%	20%	20%
	Mar-18	18	1.6	0.0	2.0	1.0	10.8	10.0	14.4	15.5	8%	12%	12%
	Apr-18	16	3.2	0.0	3.4	0.5	15.9	14.5	21.2	21.0	4%	4%	4%
	May-18	20	2.6	0.0	2.8	0.0	9.2	8.0	20.2	17.5	0%	0%	0%
	Jun-18	23	3.5	0.5	3.9	1.0	17.4	17.0	20.4	22.0	3%	3%	3%
	Jul-18	18	3.5	0.0	3.8	1.0	16.4	15.0	26.4	28.0	9%	9%	9%
	Aug-18	21	1.5	0.0	2.9	0.0	21.4	14.0	31.3	30.0	9%	9%	9%
	Sep-18	16	2.9	0.0	3.6	0.0	30.3	17.0	20.8	21.0	13%	13%	13%
	Oct-18	27	3.1	0.0	3.8	0.5	14.9	13.0	20.4	19.0	8%	8%	8%
	Nov-18	18	1.5	0.0	1.5	1.0	10.7	11.0	19.0	17.0	9%	9%	9%

Data Notes:

¹This data was pulled on 12/05/2018.

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

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to ² :								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}
			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 - 14 day compliance	Nov-17	326	0.7	0.0	1.1	0.0	5.7	3.0	10.9	10.0	67%	67%	68%
	Dec-17	232	0.7	0.0	1.2	0.0	7.1	5.0	10.6	10.0	68%	69%	71%
	Jan-18	300	0.5	0.0	0.8	0.0	4.8	5.0	9.9	9.0	67%	68%	68%
	Feb-18	300	0.7	0.0	1.0	0.0	4.0	2.0	9.3	9.0	72%	72%	73%
	Mar-18	345	0.8	0.0	1.1	0.0	6.5	5.0	9.7	9.0	71%	72%	72%
	Apr-18	316	0.7	0.0	0.9	0.0	6.5	5.0	10.6	10.0	71%	72%	72%
	May-18	367	0.5	0.0	0.7	0.0	5.5	6.0	10.1	9.0	68%	70%	70%
	Jun-18	352	0.5	0.0	0.8	0.0	5.7	4.0	10.5	10.0	65%	67%	67%
	Jul-18	376	0.4	0.0	0.7	0.0	7.1	7.0	10.7	11.0	69%	69%	70%
	Aug-18	384	0.4	0.0	0.8	0.0	5.5	3.0	14.3	11.0	67%	68%	68%
	Sep-18	298	0.5	0.0	1.0	0.0	7.7	5.0	11.4	11.0	61%	63%	63%
	Oct-18	385	0.6	0.0	0.9	0.0	7.6	7.0	11.6	11.0	60%	63%	64%
	Nov-18	304	0.6	0.0	1.0	0.0	6.7	3.5	13.1	13.0	52%	55%	55%

Data Notes:

¹This data was pulled on 12/05/2018.

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

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	Nov-17	20	1.6	0.0	1.8	0.0	29.1	27.0	45.2	44.5	2%	2%	2%
	Dec-17	28	3.2	0.0	3.5	1.0	29.4	25.0	28.7	11.0	16%	19%	19%
	Jan-18	24	2.7	0.5	2.7	0.0	30.7	25.5	33.0	24.5	19%	19%	19%
	Feb-18	11	4.1	0.0	4.1	0.0	35.6	38.5	44.1	44.0	8%	8%	8%
	Mar-18	25	1.5	0.0	1.8	0.0	25.4	21.0	35.2	22.0	13%	13%	13%
	Apr-18	17	1.9	0.0	2.1	0.0	21.4	17.5	34.9	23.0	0%	0%	0%
	May-18	22	0.7	0.0	0.9	0.0	18.0	15.0	34.1	38.0	5%	5%	5%
	Jun-18	19	1.3	0.0	2.3	1.0	16.5	11.0	30.2	31.5	3%	3%	3%
	Jul-18	23	1.2	0.0	2.0	1.0	21.1	18.5	25.1	28.5	8%	8%	8%
	Aug-18	18	1.2	0.0	0.4	0.0	25.6	23.0	31.9	33.0	3%	3%	3%
	Sep-18	13	1.1	0.0	1.7	0.0	28.2	17.5	39.7	42.0	0%	0%	0%
Oct-18	22	0.6	0.0	1.3	1.0	17.7	13.0	32.1	24.0	5%	5%	5%	
	Nov-18	20	0.5	0.0	0.7	1.0	24.8	25.0	25.9	27.5	5%	5%	5%
Inpatient Restoration ⁴	Nov-17	104	1.5	0.0	1.6	0.0	37.2	31.0	35.1	30.5	15%	15%	15%
	Dec-17	104	1.6	0.0	1.6	0.0	42.8	34.0	31.4	12.0	13%	13%	13%
	Jan-18	94	0.9	0.0	0.9	0.0	43.1	41.0	46.7	39.5	9%	10%	10%
	Feb-18	114	1.1	0.0	1.1	0.0	37.2	26.0	41.2	25.0	9%	9%	9%
	Mar-18	114	1.1	0.0	1.2	0.0	33.9	25.0	41.8	23.5	9%	10%	10%
	Apr-18	137	1.5	0.0	1.6	0.0	29.5	25.0	42.0	27.0	8%	9%	9%
	May-18	116	1.3	0.0	1.4	0.0	35.8	35.0	35.6	22.0	9%	9%	9%
	Jun-18	114	1.4	0.0	1.5	0.0	34.8	25.0	41.0	28.5	7%	7%	7%
	Jul-18	118	1.6	0.0	1.7	0.0	38.0	33.0	39.9	28.0	10%	10%	10%
	Aug-18	121	1.4	0.0	1.7	0.0	36.1	27.0	36.7	27.0	7%	6%	7%
	Sep-18	98	1.4	0.0	1.5	0.0	42.1	34.0	43.6	33.0	5%	5%	5%
Oct-18	145	1.2	0.0	1.5	0.0	36.6	28.0	43.5	29.0	6%	6%	6%	
	Nov-18	102	0.8	0.0	1.0	0.0	44.4	36.0	43.3	26.0	6%	7%	7%

Data Notes:

¹This data was pulled on 12/05/2018.

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.

CLASS MEMBER STATUS DATA GRAPHS

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

FIGURE 1. Evaluation Orders

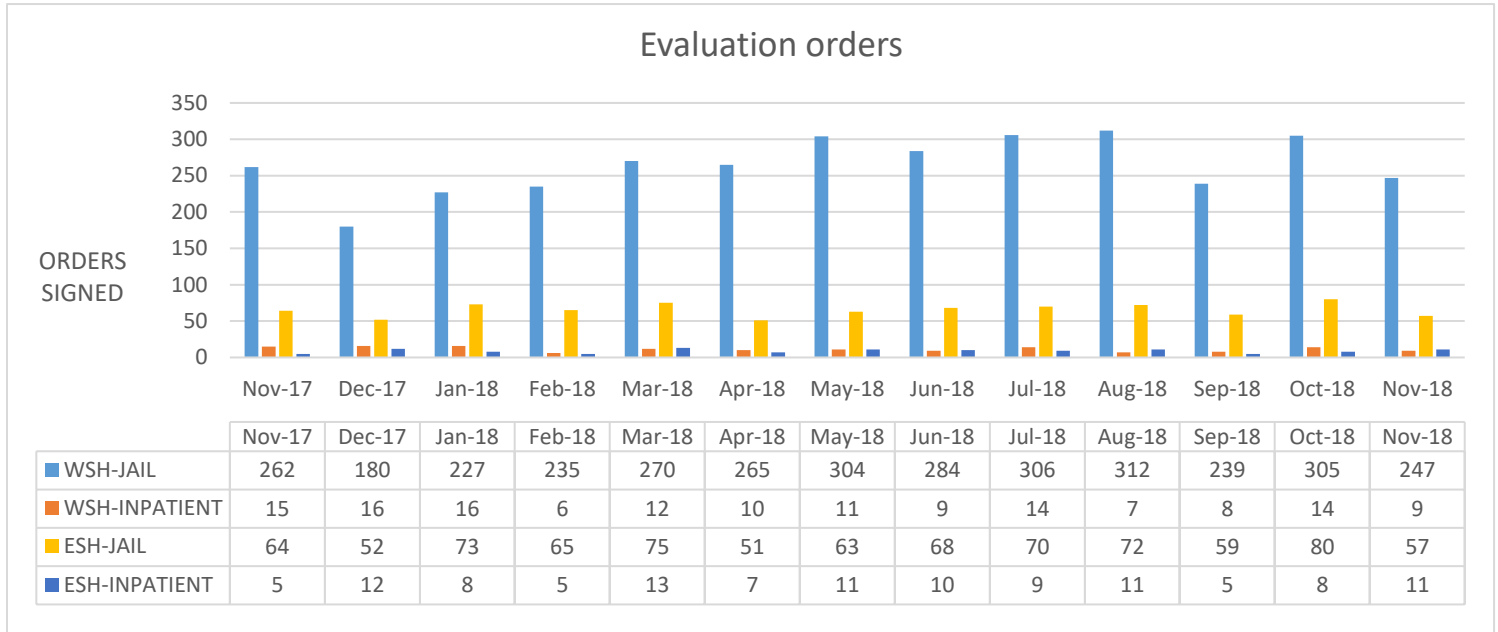


FIGURE 2. Restoration Orders

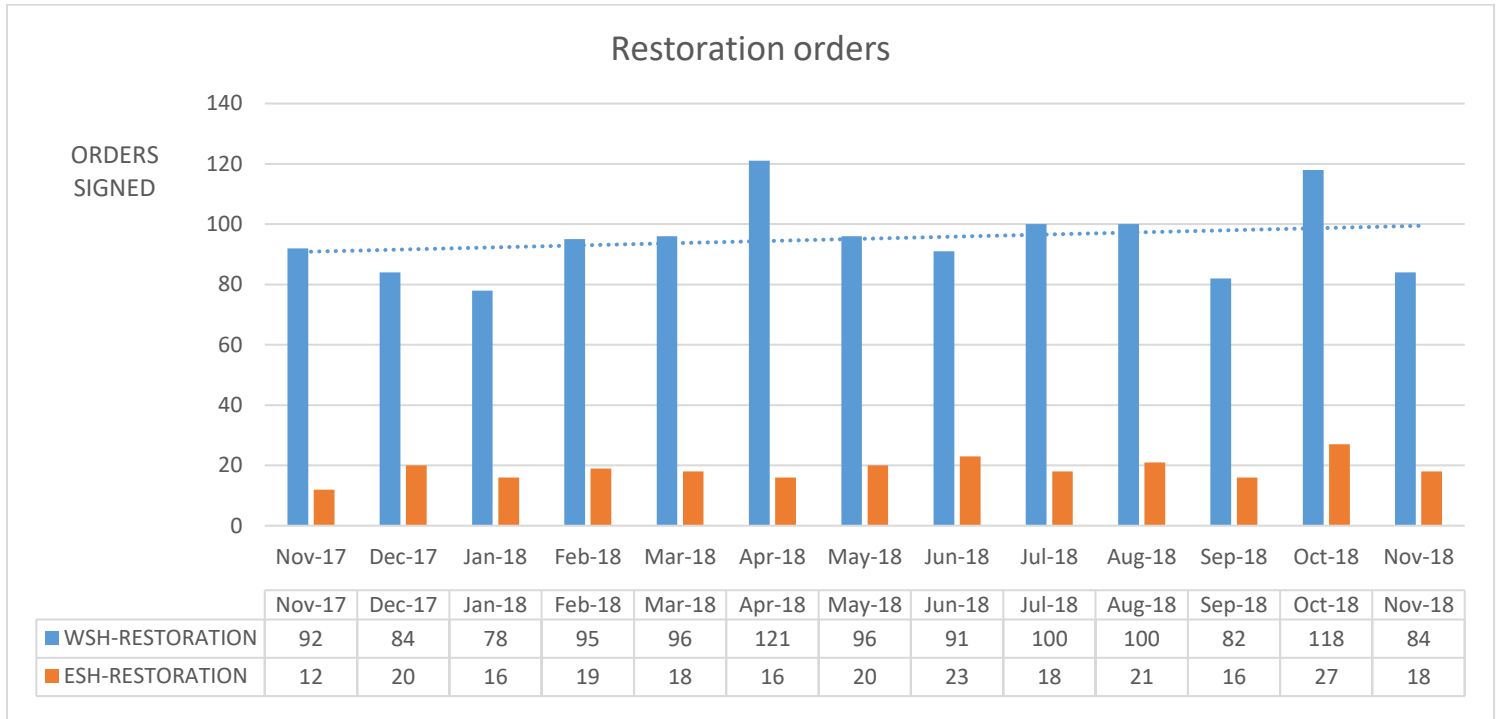


FIGURE 3. Evaluations – Median

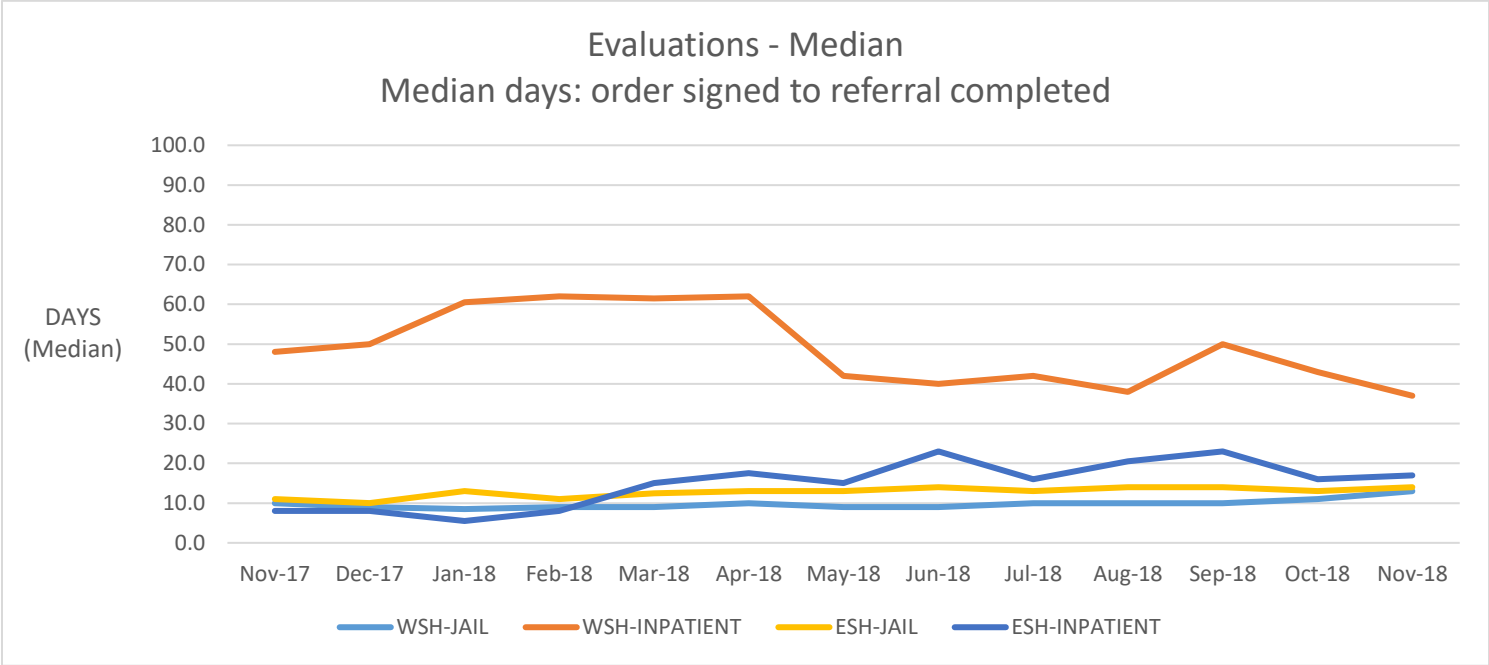


FIGURE 4. Evaluations – Average

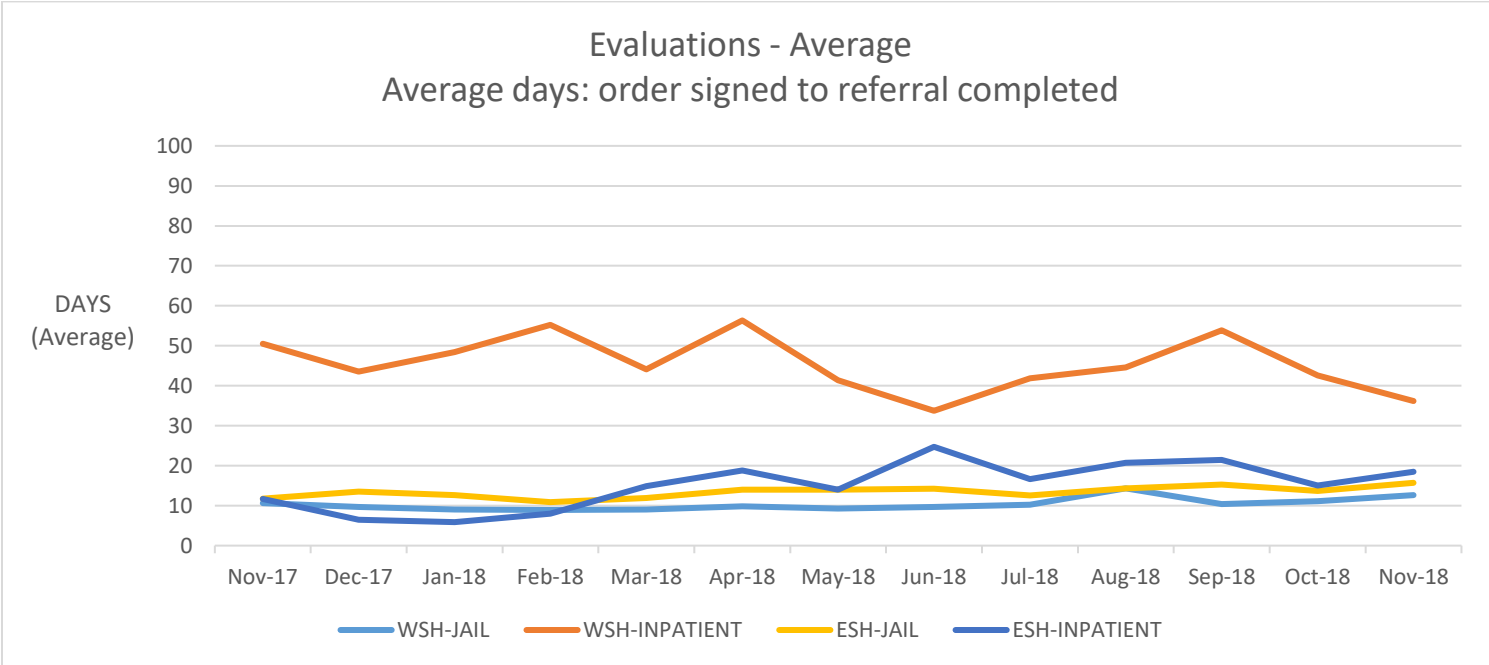


FIGURE 5. Restorations - Median

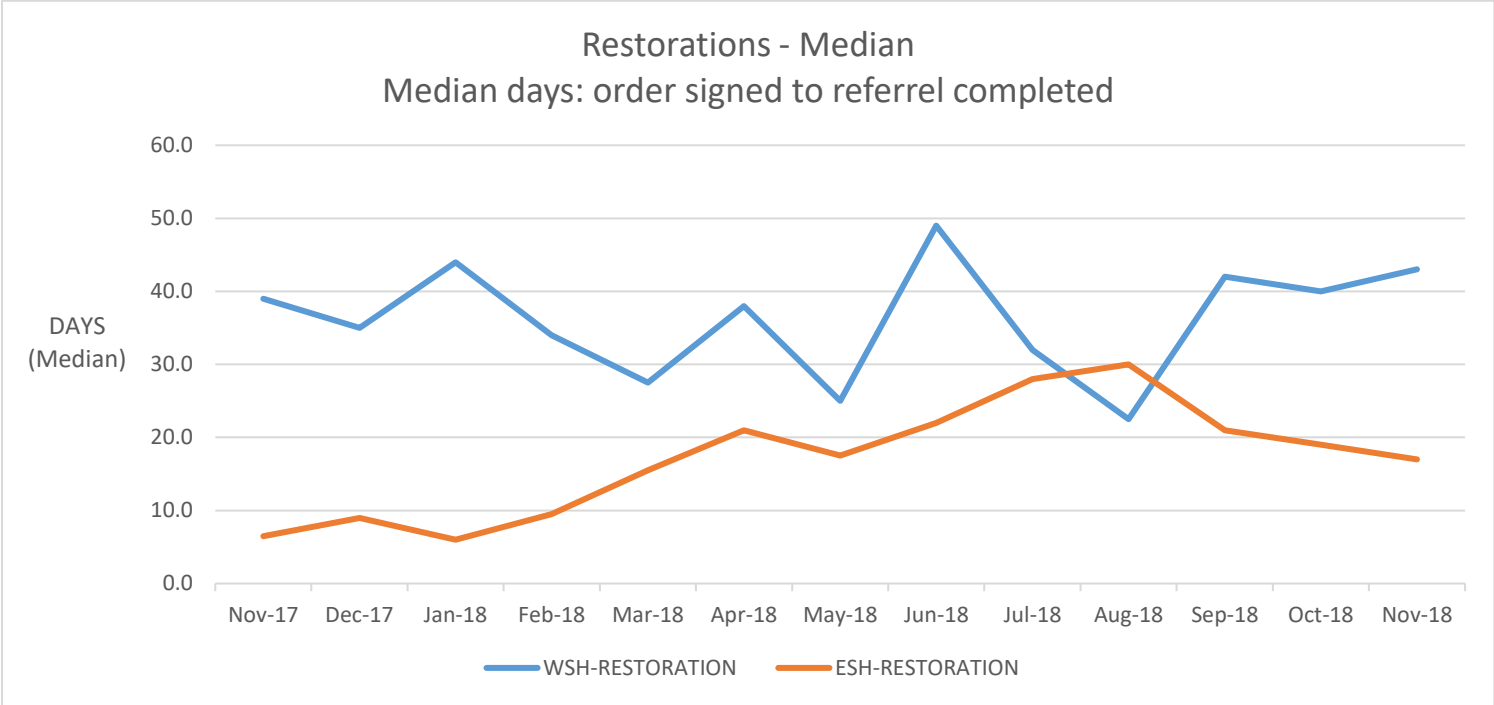


FIGURE 6. Restorations – Average

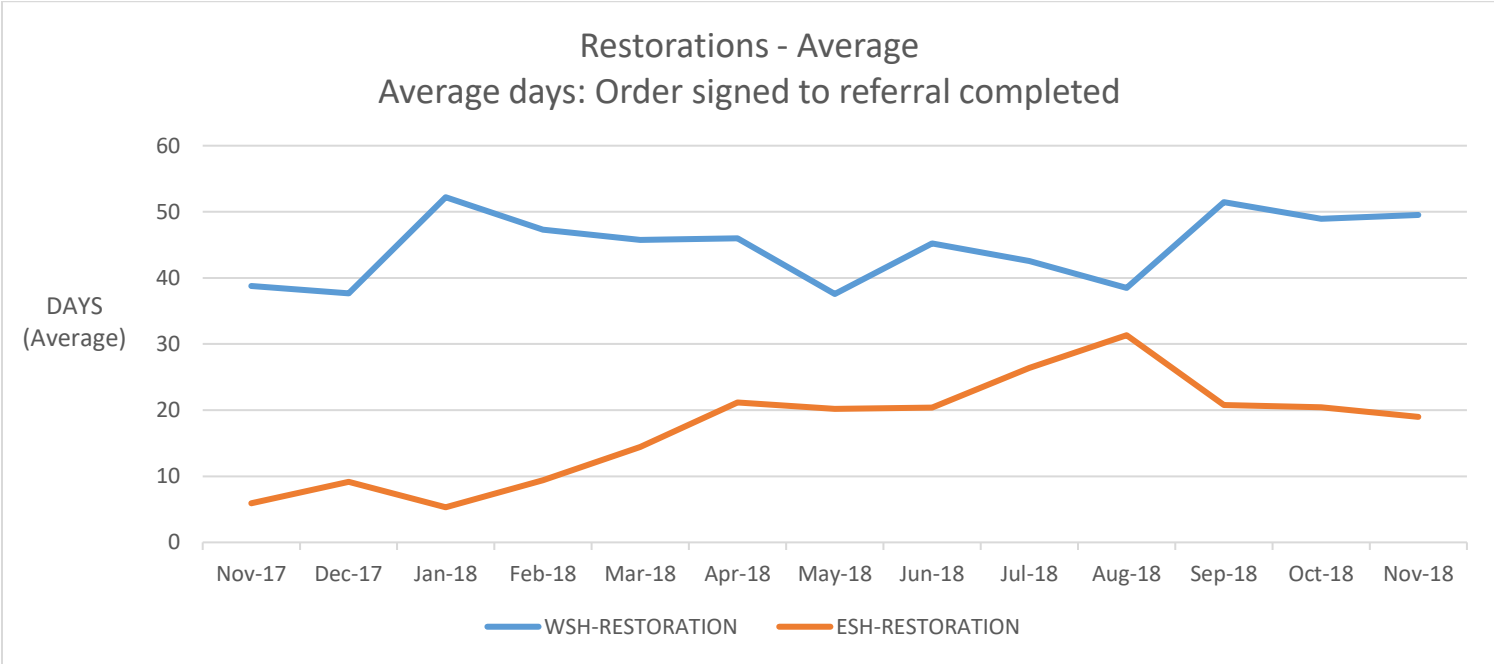


TABLE 4a-4c. Summary of jail evaluations, in-patient evaluations, and restorations by month since February, 2016. **NOTE:** These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed. November 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
Nov-17	283	326	86.8%
Dec-17	218	232	94.0%
Jan-18	281	300	93.7%
Feb-18	283	300	94.3%
Mar-18	317	345	91.9%
Apr-18	289	316	91.5%
May-18	336	367	91.6%
Jun-18	306	352	86.9%
Jul-18	343	376	91.2%
Aug-18	339	384	88.3%
Sep-18	256	298	85.9%
Oct-18	301	385	78.2%
Nov-18	172	304	56.6%

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 12/05/2018.

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
Nov-17	1	20	5.0%
Dec-17	11	28	39.3%
Jan-18	10	24	41.7%
Feb-18	2	11	18.2%
Mar-18	7	25	28.0%
Apr-18	2	17	11.8%
May-18	3	22	13.6%
Jun-18	0	19	0.0%
Jul-18	4	23	17.4%
Aug-18	1	18	5.6%
Sep-18	2	13	15.4%
Oct-18	1	22	4.5%
Nov-18	2	20	10.0%

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 12/05/2018.

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
Nov-17	36	104	34.6%
Dec-17	32	104	30.8%
Jan-18	24	94	25.5%
Feb-18	24	114	21.1%
Mar-18	23	114	20.2%
Apr-18	22	137	16.1%
May-18	25	116	21.6%
Jun-18	25	114	21.9%
Jul-18	23	118	19.5%
Aug-18	16	121	13.2%
Sep-18	14	98	14.3%
Oct-18	21	145	14.5%
Nov-18	16	102	15.7%

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 12/05/2018.

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

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}
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	300	285	95.0%	286	95.3%
Mar-18	345	321	93.0%	324	93.9%
Apr-18	316	293	92.7%	294	93.0%
May-18	367	340	92.6%	342	93.2%
Jun-18	352	318	90.3%	318	90.3%
Jul-18	376	345	91.8%	346	92.0%
Aug-18	384	345	89.8%	345	89.8%
Sep-18	298	268	89.9%	269	90.3%
Oct-18	385	321	83.4%	322	83.6%
Nov-18	304	178	58.6%	179	58.9%

Data Notes:

¹As 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 number and 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 number and 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).

²This data was pulled on 12/05/2018.

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}
Nov-17	20	1	5.0%	1	5.0%
Dec-17	28	11	39.3%	11	39.3%
Jan-18	24	10	41.7%	10	41.7%
Feb-18	11	2	18.2%	2	18.2%
Mar-18	25	7	28.0%	7	28.0%
Apr-18	17	2	11.8%	2	11.8%
May-18	22	3	13.6%	3	13.6%
Jun-18	19	0	0.0%	0	0.0%
Jul-18	23	4	17.4%	4	17.4%
Aug-18	18	1	5.6%	1	5.6%
Sep-18	13	2	15.4%	2	15.4%
Oct-18	22	1	4.5%	1	4.5%
Nov-18	20	2	10.0%	2	10.0%

Data Notes:

¹As 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 number and 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 number and 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).

²This data was pulled on 12/05/2018.

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}
Nov-17	104	36	34.6%	36	34.6%
Dec-17	104	34	32.7%	34	32.7%
Jan-18	94	25	26.6%	25	26.6%
Feb-18	114	24	21.1%	24	21.1%
Mar-18	114	26	22.8%	26	22.8%
Apr-18	137	24	17.5%	24	17.5%
May-18	116	25	21.6%	25	21.6%
Jun-18	114	25	21.9%	25	21.9%
Jul-18	118	24	20.3%	25	21.2%
Aug-18	121	15	12.4%	16	13.2%
Sep-18	98	13	13.3%	14	14.3%
Oct-18	145	22	15.2%	22	15.2%
Nov-18	102	16	15.7%	16	15.7%

¹Data Note: As 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 number and 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 number and 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).

²This data was pulled on 12/05/2018.

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. However, 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. Therefore, in the FY 2018 Operating Supplemental Budget, the additional funds that were earmarked for the twenty-four bed expansion at the Yakima Residential Treatment Facility were removed.

The FY 2018 Supplemental Capital Budget includes \$3 million for renovation of 1N3 for twenty-five forensic and \$3.5 million for renovation of 3N3 to provide another twenty-five forensic beds at Eastern State Hospital. It also includes \$10.5 million in the 2017-19 biennium and a proposed \$9.6 million in the 2019-21 biennium for predesign, design, and renovation of Western State Hospital Building 29 to support sixty additional forensic beds.

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. 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. TriWest informed DSHS that they received word of conditional approval by the WSIRB 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. On April 9, 2018, TriWest provided DSHS a signed copy of the WSIRB approval that would allow DSHS to share client-level data for the study. DSHS updated the data that was prepared for TriWest in November of 2017 while waiting for the IRB approval to include more recent data through February, 2018. DSHS provided TriWest the client level data in April 2018 after receiving a copy of the WSIRB approval from TriWest.

TriWest provided an update on May 22, 2018. TriWest has been working with the client level data provided by DSHS including talking with DSHS data staff at the headquarters and the state hospitals to gain some understanding of data issues TriWest had identified. TriWest found those conversations helpful. However, they observed that some data challenges remain. TriWest is working on revising their coding for the bed model. TriWest also noted that they have provided an update to the Court Monitor so she is aware of the data issues and appreciates the efforts to troubleshoot and move forward.

On June 27, 2018, TriWest reported reviewing and analyzing the client-level data, as well as the model that calculates the number of historic beds needed to reduce wait times. TriWest reported they are in the process of transforming the model into a version that uses entirely de-identified data so it may be posted to the DSHS website.

TriWest reported to DSHS plans to have a draft to DSHS in early to mid-August 2018. On August 29, 2018, TriWest provided the following updates:

- TriWest conducted an internal review process that identified a change that was needed which required additional programming.
- TriWest made those changes and are hoping to provide the Court Monitor a report on the internal review mentioned above.
- TriWest will schedule a review with DSHS to clarify any questions before findings are presented to the court parties.

DSHS received the TriWest draft report from the Court Monitor on October 3, 2018 and is currently working with the Court Monitor to schedule a presentation of the TriWest study and its findings.

***TRUEBLOOD* KEY ACCOMPLISHMENTS – NOVEMBER 2018**

RECRUITING:

- Psychiatrist Dr. Grace Lee, has been referred for consideration.
- Nationwide recruiting efforts for psychiatrists continue.
- Four ARNP applicants have been referred for consideration.
- Talent Acquisition program staff Business Managers, continue to support hiring needs associated with the Building 27 for phase 3 of the remaining core FTE's.

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	22	18	23	23	22	23	24	22		22.09091
Total patients admitted	13	15	10	11	9	9	11	5	7	10	8		9.818182
Completed and found competent (1st Restoration)	10	10	10	9	7	3	7	4	4	5	4		6.636364
Not likely restorable (transported back to jail)	2	1	0	1	3	0	1	0	0	0	1		0.818182
Court Order lapsed (Transported back to Jail)	1	1	0	1	1	0	2	1	1	2	1		1
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0	0	0	0	0	0	0	0		0
Misdemeanor patients not restored (no further treatment by law)	0	0	0	0	0	0	0	0	0	0	0		0
Total transferred to State Hospital	1	3	0	0	2	1	2	1	1	2	1		1.272727
For physical aggression	0	2	0	0	0	0	0	1	0	0	0		0.272727
For sexually inappropriate behavior	0	0	0	0	0	0	0	0	0	0	0		0
For medical reasons	0	1	0	0	2	0	1	0	1	2	1		0.727273
Due to court ordered treatment at SH	0	0	0	0	0	0	0	0	0	0	0		0
Other	1	0	0	0	0	1	1	0	0	0	0		0.272727
Total patients eloped	0	0	0	0	0	0	0	0	0	0	0		0
Total recommended for early evaluation	2	6	2	2	2	0	0	2	2	3	3		2.181818
Total recommended for 2nd 90-day order	2	3	0	1	4	1	3	3	5	4	1		2.454545
Total recommended for 3rd 90-day order	0	0	0	0	1	0	1	2	1	0	0		0.454545

Yakima Competency Restoration Center (YCRC) hosted guests from both Eastern State Hospital and Frontier Behavioral Health in November. Our guests were able to observe our facility, the IPA process, groups, and the process for referrals to forensic evaluators as well as to discuss facilitating the Breaking Barriers curriculum with fidelity. YCRC received very positive feedback from both agencies specific to the treatment program and overall treatment environment.

Disability Rights Washington (DRW) presented information to YCRC residents about the preliminary settlement related to the Trueblood v. DSHS lawsuit. DRW answered residents' questions about the information presented and stayed with residents following the presentation to answer any additional questions. Residents felt the information was informative and appreciated the presentation.

OFMHS completed their quarterly QA audit in November. As is typical, this audit allowed for very positive discussion around ways to continue improving services provided to YCRC residents. Residents enjoyed a hearty Thanksgiving meal that included the traditional holiday food as well as deserts and other treats to celebrate the day. Residents enjoyed their monthly movie and popcorn night and incentive rewards for those attending most or all of their groups.

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	27	25	26	27	28	28	26	23	24		25.90909
Total patients admitted	18	11	16	7	19	16	16	14	11	19	16		14.81818
Completed and found competent (1st Restoration)	11	4	4	7	4	6	5	8	8	9	8		6.727273
Not likely restorable (transported back to jail)	0	0	0	1	0	3	0	0	3	3	0		0.909091
Court Order lapsed (Transported back to Jail)	0	0	0	0	0	0	0	0	0	0	0		0
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0	0	0	0	0	0	1	0		0.090909
Misdemeanor patients not restored (no further treatment by law)	2	0	3	2	5	4	3	1	1	6	2		2.636364
Total transferred to State Hospital	4	4	1	0	2	0	0	0	0	0	0		1
For physical aggression	3	3	1	0	0	0	0	0	0	0	0		0.636364
For sexually inappropriate behavior	1	0	0	0	0	0	0	0	0	0	0		0.090909
For medical reasons	0	1	0	0	1	0	0	0	0	0	0		0.181818
Due to court ordered treatment at SH	0	0	0	0	1	0	0	0	0	0	0		0.090909
Other	0	0	0	0	0	0	0	0	0	0	0		0
Total patients eloped	0	0	0	0	0	0	0	0	0	0	0		0
Total recommended for early evaluation	8	0	0	5	3	5	5	5	2	5	3		3.727273
Total recommended for 2nd 90-day order	4	2	7	5	1	4	3	3	5	2	2		3.454545
Total recommended for 3rd 90-day order	0	0	0	3	0	0	0	0	0	0	0		0.272727

With our census slightly down this past month, we have been able to focus on responding well to a variety of situations. We are pleased to have quickly refilled our vacant Mental Health Counselor position with a previous Maple Lane employee. We are preparing for the part of the year when patients have fewer opportunities, or inclination, to spend time outside, and the challenges that this can present in the milieu; RRCs and Recreation Specialists are working well together to increase our repertoire of indoor activities.

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 reached 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. The RFI closed on April 30 and a preliminary meeting was held with the Assistant Secretary in May 2018. A follow-up meeting was held on June 6, 2018. The plan for having the capacity for increases in demand is being addressed in the *Trueblood* negotiation settlement proposal, which was submitted to the court on August 16, 2018. A revised negotiation settlement was submitted October 25, 2018 and preliminary approval was received on November 1, 2018. The final status hearing on the revised negotiation settlement is scheduled for December 11, 2018.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—NOVEMBER 2018

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release November report	Complete	<ul style="list-style-type: none"> • Maintain compliance with the Court. • Use data to review and improve the provision of forensic services. 	Release of November report to Stakeholders delayed due to ongoing data integrity issues. Work to resolve these issues continues.
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) required 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 was due to the Governor and Legislature by Oct. 1, 2016. • Section 5(3) required 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>In 2018, 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>During the months of January, February, March, May, June, August, September, and November no hearings were scheduled. A meeting was held on April 18, 2018, July 24, 2018, and the most recent meeting was held on October 18, 2018 with an agenda (and other meeting materials) found here: https://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-state-hospitals</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			<p>report was due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> Section 6 created 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>OFMHS has not been allocated the necessary resources to pursue DOH certification programs for forensic evaluators in the past. A request for resources has been included in a preliminary decision package submission for the Department during the fiscal year 2019-21 budget submission process.</p> <p>An OFMHS Certification workgroup convened in September 2018 and proposed a plan of action for BHA leadership. In lieu of a formal Forensic Evaluator Certification program, the plan proposes an immediate emphasis on training opportunities. The Director of the Office of Forensic Mental Health Services reviewed the proposal and suggested further development to include new plan for possible hire of a certification and training project manager, as well as funding request for</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				comprehensive training for State and community forensic evaluators. This plan will be submitted to the Assistant Secretary for review in December 2018.
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. An additional UMCC meetings with the forensic evaluators has been scheduled for October 2, 2018.</p> <p>A demand to bargain on juvenile evaluations was completed on June 22, 2018. Additional Labor meetings were held for the operations of Building 27 at WSH as an RTF during August with WFSE and SEIU. A second meeting with WFSE was held toward the end of August to answer remaining questions on the operations of Building 27.</p> <p>A demand to bargain with the Coalition was held on October 23, 2018. As a result of the meeting DSHS will be providing additional data relating to scope of work for pharmacy and medical staff. No meetings</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				were scheduled in November with Labor and a meeting with WFSE is scheduled in December.
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. IT project team, and Research and Data Analysis (RDA) analysts, researched data anomalies to determine the cause, impact, and remediation required.
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). 	The Project team continues to support the Forensic Data System, its users and Research and Data Analysis (RDA) to streamline the reporting process out of a new system.
	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	<ul style="list-style-type: none"> • Provided capability for access by evaluators to client status changes, regardless of location, to reduce delays. • Provided a single platform for quality reporting, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose. 	
	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		
Forensic Data System Post-implementation Processes	Data migration clean-up	In Process	<ol style="list-style-type: none"> 1. Some Migrated Data contained historical elements that needed to be cleaned up in the new system. 	<ol style="list-style-type: none"> 1. Resolved by updating the final status of all court orders to align with standardized options. <p>IT project team, after identification of errors, has run 5 separate scripts to correct migrated data. A small number of remaining migration issues required individual hand processing for validation.</p> <p>Resolution of this was a joint effort as noted below. RDA identified potential data migration errors; IT developed scripts to correct batches of errors; and OFMHS provides hand processing / validation for the remaining records.</p>
	Usability	In Process	<ol style="list-style-type: none"> 1. The system contains modules that align with roles of forensic 	<ol style="list-style-type: none"> 1. IT Project built “Unified Overview Reports” for each court order. Also, IT has added

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			<p>activities and allows for controlled access by those same user roles. This controlled access prevents users from easily seeing activity for a court order that crosses many modules.</p> <ol style="list-style-type: none"> 2. Modify search screens to reveal all court orders for individual clients. 3. To streamline the admissions process, create refined report for inpatient movement (Due In/Due Out Report). 	<p>more links that easily allow users to cross modules.</p> <ol style="list-style-type: none"> 2. IT Project team is designing changes to the court order search results module to display all court orders for a particular client. 3. IT Project Team is developing the design to meet the requirements.
	System Data Issues	In Process	<ol style="list-style-type: none"> 1. Improve data integrity (date client status effectively changed, Forensic Evaluation Completion, Due In Date and Due Out Date) 2. Resolve missing data (CINs) 	<ol style="list-style-type: none"> 1. IT Project team is developing more granular data fields to effectively track changes. 2. OFMHS is hiring more CIN confirmers.
	RDA Reporting Issues	In Process	<ol style="list-style-type: none"> 1. Ensure RDA is accounting for all / correct elements when building reports. 	<ol style="list-style-type: none"> 1. Once RDA is confident that their report queries are complete and accurate, the queries will be validated by the IT project team. <p>RDA has expertise in the legacy database schemas and the court requirements. The IT project team has expertise in the new Forensic Data System schema and will continue to transfer that expertise to RDA.</p>
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 July and August 2018, no interviews were scheduled for the one vacant supervisor position located in Seattle. An application for a supervisor was received at the end of September. In early


Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>October, a decision was made to not interview based on the paucity of forensic experience.</p> <p>Two applicants were interviewed for the vacated outstation position (effective November 25, 2018) and the supervisor position in Seattle. An offer was made and accepted for the outstation supervisor position with a start date of December 1, 2018. The position for Seattle continues to be vacant at this time.</p> <p>Interviews for the ESH evaluator position were scheduled in September and a candidate was selected with a start date of November 1, 2018.</p>
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.	Talent Acquisition recruiting efforts continue for WSH.
	Pursue contracting			
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>Telehealth capability is increasing at additional Outstation Sites. Maple Lane, NRO, SNOCO, Island County Jail, Lacey and WSH are all operational now. The Yakima RTF, and Gray’s Harbor, are now online as well.</p> <p>Evaluators are becoming increasingly comfortable with using this new technology. Use of the new Forensic Data System is making it easier for</p>
	Out-station sites operational	Complete		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				supervisors to identify areas of increased need and deploy evaluators across teams quickly.
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.	Quarterly stakeholder meetings continue to occur with Pierce County; most recently on September 11. The next meeting is scheduled for December 5, 2018.
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.	<p>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 audited competency evaluation reports generated by their direct reports.</p> <p>During Q3 2018, 69% of forensic evaluators had competency evaluation reports audited by supervisors. A total of 51 competency evaluation reports were reviewed in Q3 2018. Q4 2018 data will be available after the end of December 2018.</p>
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	<p>As of November 30, 2018, OFMHS has received 275 triage referrals from jail staff/defense. Of those referrals, 173 were approved. 73 of the referrals were denied, and 29 of these referrals were withdrawn before placement could be made.</p> <p>On November 2, 2016 OFMHS began calling jails</p>

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			<p>for evaluation (such as no longer drug affected).</p>	<p>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 November 2018, no calls were made, however, there were 4 referral requests submitted, all of which were accepted.</p> <p>Since tracking began, 2,098 calls have been made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</p>
<p>Develop Telehealth video-conferencing systems to assist in the completion of evaluations</p>	<p>State-wide implementation and utilization of technology</p>	<p>Ongoing</p>	<p>Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more evaluations, thereby helping to meet Court ordered requirements.</p>	<p>OFMHS successfully completed the first competency evaluation via secure videoconferencing, between the Snohomish County Jail and a DSHS facility, on February 6, 2018.</p> <p>OFMHS continues to move forward with our telehealth videoconferencing program, conducting forensic competency evaluations via secure video links. To date, more than 35 forensic evaluations have been conducted utilizing this telehealth videoconferencing technology. The capability for attorneys to participate via three-way conference has also been tested and is available. OFMHS continues to educate courts and jails on this technology in hopes of generating greater interest in, and utilization of, this technology. Dr. Luxton and prepared a final manuscript evaluating the pilot</p>

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				program to be submitted to a peer-reviewed academic journal.
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.	<p>The 2017-19 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.</p> <p>South Hall 10 (S10) was reopened in May, 2018 for forensic patients after civil patients were either moved or discharged. S10 is to be for forensic patients who are committed by NGRI and are ready to begin to transition to the community. WSH is on track for these additional beds so long as they can maintain and retain new Psychiatrists to manage patient care.</p>
WSH addition 45 beds	Bed Occupancy with forensic patients	Ongoing		<p>The Legislature funded this request to operate 45 additional beds in building 27 and the S4 ward. The initial FY 2018 request can be found here:</p> <p>https://www.dshs.wa.gov/data/budget/2018/030-</p>

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				<p>PL-CV-Forensic-Ward-Staffing.pdf</p> <p>Forensic 3 (F3) was opened in June, 2018 as another forensic admissions ward. F1 and F2 will continue to be the highest acuity for admission/restoration and F3 will add capacity for a similar, less acute admission/restoration program. South Hall 4 (S4) is expanding from 15 beds to 30. Because of the challenge to hire Psychiatrists, the expansion of S4 is moving more slowly, increasing by one bed per week, until WSH can get locum support or additional Psychiatrists hired.</p>
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 24.
	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 24.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
	Restore patients to competency	Ongoing		
Provide Restoration Treatment at Building 27	Open Building 27	Ongoing	<ul style="list-style-type: none"> • Identify alternate facility capacity to meet <i>Trueblood</i> compliance. • Collaborate with court parties to open the facility. 	<p>AustinCina continues to revise construction plans to remodel the facility according to ongoing decisions made by the parties. This plan will inform OFMHS’s operational project schedule which is under development.</p> <p>The parties meet via conference call every 1-2 weeks to update on progress and plan next steps.</p> <p>The OFMHS Project Manager, Megan Celedonia, has broken the project down into 20 “buckets of work” (BOWs) for organizational and planning purposes. BOW teams include: staffing, policy development, admissions criteria, licensure/certification, communications, labor relations, parties liaison, construction, training, patient records, facility services, purchasing, budget/fiscal, IT, incident reporting system, emergency management planning, labor and industries insurance, contracts, ESH referrals, and project management.</p> <p>The OFMHS Project Manager’s most recent Monthly Report can be found here:</p> <div style="text-align: center;">  <p>B27 Monthly Report December 2018</p> </div>

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Outpatient Competency Restoration Programs (OCRCP)	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties.	Outpatient competency restoration programs were included in the proposed <i>Trueblood</i> settlement.
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.	During the month of November there have been no concerns or questions about transportation issues brought forward to the attention of DSHS.
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.
Increase diversion opportunities	Governor's Office to contract with diversion consultant	Complete	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.	The Department engaged a jail /diversion consultant, who came out to DSHS in 2016 and provided a report at the end of that same year.

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 384 jail evaluation orders signed in October, 232 were completed within 14 days, which is 60.4%. 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>	<p>As of November 30, 2018, OFMHS has received 275 triage referrals from jail staff/defense. Of those referrals, 173 were approved. 73 of the referrals were denied, and 29 of these referrals were withdrawn before placement could be made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</p>
<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>	<p>As of November 30, 2018, OFMHS has received 275 triage referrals from jail staff/defense. Of those referrals, 173 were approved. 73 of the referrals were denied, and 29 of these referrals were withdrawn before placement could be made.</p> <p>The Triage Services manuals are completed and were distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and others.</p>
<p>5. Report on the implementation status of the CMS Plan of Correction by:</p>			
<p>B. Reporting on the implementation status in Defendants' monthly reports to the Court Monitor</p>	<p>Beginning March 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement ran from November 2, 2017 to</p>

			<p>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 Plaintiffs and the court monitor in developing a bed capacity/expansion plan.</p> <p>Western State Hospital (WSH) was resurveyed May 2018 and did not meet all the Conditions of Participation with CMS. As of July 9, 2018, WSH was decertified. Eastern State Hospital remains The Joint Commission accredited and CMS certified.</p>
6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March by:			
<p>C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the Court Monitor</p>	<p>Beginning April 15, 2016, ongoing</p>	<p>Ongoing</p>	<p>DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement ran 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 Plaintiffs and the court monitor in developing a bed capacity/expansion plan.</p> <p>Western State Hospital (WSH) was resurveyed May 2018 and did not meet all the Conditions of Participation with CMS. As of July 9, 2018, WSH was decertified. PSHB Sec. 204 budgeted for the 30 beds at WSH and was completed prior to CMS decertification.</p>
8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds by:			
<p>D. Executing contracts for implementation by the selected providers</p>	<p>April 15, 2016</p>	<p>Complete</p>	<p>Prosecutorial diversion was funded for fiscal year 2018.</p>

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	Phase One of the system was implemented. Review and clean up are underway.	The Project team continues to support the Forensic Data System, its users and Research and Data Analysis (RDA) to provide increased data granularity for reporting out of a new system.

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 were submitted to the court on August 15, 2016 and will be included in this report, when finalized each month, 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 INJUNCTION 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.

DSHS implemented the Forensic Data system 8/1/2018. Included in this design were the data elements needed to report to the courts. Included in the initial release is the implementation of the new forensic algorithm waitlist. Data was migrated from existing systems and provided the starting point for DSHS on 8/1. The Project team continues to support the Forensic Data System, its users and Research and Data Analysis (RDA) to provide increased data granularity for reporting out of a new system.

The Forensic Advisory Committee (FAC) is a regularly scheduled (twice a month) committee that provides business process clarification and recommendations to the technical team. The FAC will continue to meet to provide input during system optimization and future enhancements. Recommendations from the FAC may be referred to the Governance Committee when appropriate. The Governance Committee meets a minimum of monthly to monitor status and render final decisions on key topics. Governance also prioritizes the future functionality to ensure that the IT project work aligns with the needs of the court and other stakeholders.

APPENDICES

Appendices A – G:

This file is submitted with the DRAFT report and includes mature data tables for October, 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 November, 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.