

***Cassie Cordell Trueblood, et al., v. Washington State Department of  
Social and Health Services, et al.***  
**Monthly Report to the Court Appointed Monitor**

**February 29, 2024**

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## BACKGROUND

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On April 2, 2015, the Court ordered the Department of Social and Health Services to file monthly reports with the Trueblood Court Monitor. DSHS reports on the efforts to comply with Court Orders to provide timely competency evaluation and restoration services to Class Members, as indicated below:

*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 Feb. 8, 2016. Additional orders were issued on July 7, 2016, Aug. 15, 2016, and April 26, 2017. Narrative status updates on these orders begins on page 57.

This monthly report is submitted on February 29, 2024 and primarily covers January 2024 activity. Additionally, this report displays Class Member data for competency services in two periods: December 1, 2023-December 31, 2023 and January 1, 2024-January 31, 2024. The December data are considered "mature," and the January data are a "first look" data set. In addition to the mature and first-look data discussed above, Tables 2-10 also show 11 additional months of mature data for a total of 13 months of mature and first-look data contained in each table. April 2015 is the baseline month for data analysis; please refer to Appendix A to view an entire set of the data contained in Tables 2-10.

Evaluation and restoration information specific to individual Class Members appears in this report's appendices.

## CLASS MEMBER STATUS SUMMARY INFORMATION

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### **COVID-19 CASES & PROCEDURES-JANUARY UPDATE**

Washington state officially re-opened from pandemic-related closures on June 30, 2021, subject to limited restrictions, and the Governor's COVID-19 State of Emergency ended on Oct. 31, 2022. As of Jan. 26, 2024 BHA's Western State Hospital, Eastern State Hospital, DSHS Behavioral Health & Treatment Center – Steilacoom Unit (formerly Building 27/Fort Steilacoom), and DSHS Behavioral Health & Treatment Center – Maple Lane Campus - Cascade Unit inpatient facilities are operating without any COVID-19 related admissions restrictions. Due to a recent COVID-19 outbreak, Cascade Unit experienced a COVID-19 related admissions hold from January 3-22, 2024, which has placed pressure on their census.

On March 30, 2023, Kevin Bovenkamp, Assistant Secretary for BHA issued updated guidance on masking in BHA facilities. On April 3, 2023, the Washington State Department of Health ended the [Secretary of Health Mask Order](#). In certain circumstances, mask wearing may again become mandatory: when community transmission of COVID-19 is high according to CDC county community transmission rates; or when a ward or other area of a facility is on restriction due to COVID-19 cases. This updated guidance is in compliance with the Washington State Labor and Industries standards and with the federal Centers for Disease Control and Prevention guidance.

As of Feb. 26, 2024, WSH has had 1,188 total confirmed cases of COVID-19 in clients (22 new cases in February), including three deaths, and 1,536 total confirmed cases in staff members (23 new cases in February). As of Feb. 26, 2024, ESH has had 777 total confirmed cases in staff members (29 new cases in February), and 369 total confirmed COVID-19 cases in clients (15 new cases in February).

Steilacoom Unit has had positive COVID-19 test results with 47 total confirmed cases of COVID-19 in staff (zero new cases in February) and 30 total confirmed cases of COVID-19 in patients testing positive at Steilacoom Unit (0 new cases in February). Cascade Unit has had 53 total confirmed cases of COVID-19 in staff (zero new cases in February), and 11 total confirmed cases of COVID-19 in patients (zero new cases in February).

### **ANALYSIS OF MATURE DATA: MAY 1, 2015 THROUGH DECEMBER 31, 2023**

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

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

- Average monthly jail-based evaluation orders signed for April 2015-December 2023
  - WSH: 303.7
  - ESH: 74.5
  - Both hospitals: 378.1
- Average monthly inpatient evaluation orders signed for April 2015-December 2023
  - WSH: 13.0
  - ESH: 8.9
  - Both hospitals: 22.0
- Average monthly restoration orders signed for April 2015-December 2023
  - WSH: 84.3 \*

- ESH: 21.2
- Both hospitals: 124.7\*
- Hospitals plus Residential Treatment Facility (RTFs): 155.8
  
- Average monthly RTF restoration orders signed for August 2018-December 2023
  - RTF's: 31.1 \*\*
  
- Average monthly OCRP restoration orders signed for July 2020-December 2023
  - Phase 1 and 2 OCRP (All Locations): 1.2 \*\*\*
  
- Average monthly OCRP restoration orders signed since the start of Phase 2 OCRP services, November 2022-December 2023
  - Phase 1 and 2 OCRP (All Locations): 2.2 \*\*\*

\* From April 2015-July 2018, this figure also includes restoration orders for the RTF's; therefore, these figures exceed the WSH figures, and the two hospital figures combined.

\*\* Prior to Aug. 2018, RTF data was combined with WSH. From Aug. 2018 onward, RTF data is reported separately. Yakima RTF closed to patients on July 26, 2021.

\*\*\* OCRP treatment began in Phase 1 regions between July 1-Sept. 1, 2020, and in the Phase 2 region on Oct. 31, 2022. Only clients whose wait for treatment was jail-based are included in this data measure.

## **SUMMARY POINTS RELATED TO ORDERS AND TIMELINESS BASED ON MATURE DECEMBER DATA**

### **Orders:**

- For December 2023, the number of jail-based evaluation orders assigned to WSH increased moderately, increasing by 19 orders to 409 (4.9%).
  
- ESH's jail-based evaluation orders increased significantly in December 2023, increasing from 74 orders to 85 orders (14.9%).
  
- In December, inpatient evaluation orders at WSH decreased from eight to seven. ESH orders for November increased from zero orders to four for the month. Due to the small numbers of orders using the inpatient evaluation legal authority, there are often dramatic swings, in both the positive and negative directions, in the data from month-to-month.
  
- WSH received 92 restoration orders in December, identical to November's 92 orders. ESH had 25 orders in December, increasing significantly (38.9%) compared to November's 18 orders.

- In October's RTF data, at 90 days data maturity, the RTFs received an upward revised total of 13 restoration orders. For November, at 60 days data maturity, the RTFs have now received 40 restoration orders. This month, the December RTF data is the initial month of mature data. At this time, 37 restoration orders were received. The November and December RTF order numbers are likely to change further as the RTF restoration order data tends to update more slowly, over several months, than other facilities, and as a result will likely continue to change significantly over the next 45-90 days.

\* Prior to Aug. 2018, RTF data was included with the data for WSH. From Aug. 2018 onward, RTF data is reported separately. Yakima RTF closed to patients on July 26, 2021.

#### **Wait Times:**

- Regarding jail-based 14-day evaluation completion times, WSH stayed consistent at 14.2 days on average in December 2023, from order to completion. ESH evaluation times decreased 9.4 percent to an average of 13.8 days. The combined average, across the system, decreased 2.1 percent to 14.1 days on average to completion. Systemwide on time completion decreased slightly to 77-percent in December.
- The average inpatient evaluation admission wait time at WSH was 22.4 days in December, a significant decrease from 25.6 days in November. ESH's average wait time in December decreased to 30.0 days on average from 32.3 days in November. It is worth noting that the average inpatient evaluation wait times are subject to significant monthly swings in either direction due to the small numbers of patients being admitted and evaluated through this legal authority.
- Restoration admission wait times at WSH were 26.1 days in December, a significant decrease (-13.6%) from 30.2 days in November. The ESH average admission wait-time increased moderately (7.9%) to 46.4 days in December from 43.0 days in November.

#### **Timeliness:**

- At WSH, overall timeliness for jail-based evaluation completion in December 2023 was an average 75 percent completion rate within 14-days from receipt of order. ESH's timely completion in December was an average 80 percent on time completion rate.
- At WSH, December's overall timeliness for inpatient evaluation admissions increased from zero to a 33% percent on time completion rate within 7-days from receipt of order. ESH's on time completion rate remained at zero.
- At both hospitals and the RTF's combined, overall timeliness for inpatient restoration admissions for December increased to a nine percent completion rate within 7-days.



**Outliers:**

For a full definition of outliers as it applies to Trueblood, please see the “Data Tables 1A. Through 1C.” subsection on page 10.

- In December, the total number of outliers among the three legal authorities (in-jail evaluations, inpatient evaluations, and inpatient restorations) increased to 32 from 28 in November. In-jail outliers decreased from 18 to 15, inpatient evaluations outliers decreased from 3 to 0, and inpatient restorations outliers increased from 7 to 17.
- In December, the maximum days waiting for an in-jail evaluations outlier increased to 89 days from 58.
- In December, there were zero inpatient evaluations outliers.
- The maximum days waiting for inpatient restorations outliers increased from 55 days in November to 69 days in December. There were 17 total outliers under this legal authority. A staff data error caused a 601-day outlier to appear, as initial review shows this outlier to be incorrect. Further review and revision is ongoing to address this error.

**NON-HB 1114 CASES**

Since approximately December 2023, some civil conversion patients arriving at the state hospitals after October 6, 2023 (the state court’s preliminary injunction date in *Pierce Cy v. DSHS*) have remained without a finding of a violent felony on their civil commitment orders. While none of these patients occupy forensic beds as defined by the federal district court, this has given rise to concerns related to elements of the district court’s summer 2023 orders prohibiting admission of civil patients without such findings on their records. The department is currently reviewing how many patients there may be, and how to better ensure fidelity to the federal court’s orders while admissions practices and bed availability continue to change at a rapid pace. OFMHS is working with RDA to identify and count those patients so that we can provide better information. OFMHS hopes to be positioned to provide additional information in March.

## OUTLIER CASES (MATURE) DECEMBER 2023

### **DATA TABLES 1A. THROUGH 1C.**

Evaluations and restorations not completed within standard timelines become outliers. The monthly outlier population cases have been defined as:

- Population is active span cases from the “mature” data month. Currently, the “mature” month is December 2023.
- Evaluation spans: are incomplete or were completed after the end of the “mature” month and wait more than 20-days for an evaluation (In-Jail), or admission (Inpatient), or a change of client status to out of jail, or order withdrawn by court.
- Restoration spans: are incomplete or were completed after the end of the “mature” month and wait more than 40-days for admission, or a change of client status to out of jail, or order withdrawn by the court.

**Table 1a. Outlier Cases (Mature)**

Type	Number of spans:	span begin to span end, or end of reporting period	
		Minimum Number of days	Maximum Number of days
In-Jail Evaluations	15	23	89
Inpatient Evaluations	0	0	0
Inpatient Restorations	17	41	601*

*\*NOTE: Due to a data error, one outlier case in “Maximum Number of Days” erroneously shows as 601 days. That case resulted from a staff data error and is incorrect. Further review and revision is ongoing. The correct “Maximum Number of Days” Outlier for December 2023 is 69 days.*

Table 1 continues below and details reasons contributing to delays in completing evaluations for outlier cases. above lists the Trueblood definition of “Outlier Cases.”

**Table 1b. Summary of Evaluator Delay Reasons**

TABLE 1b. Continued SUMMARY OF EVALUATION DELAY REASONS <sup>1</sup>			
REASONS FOR DELAY IN DATABASE	In-Jail Evaluations	Inpatient Evaluations	Inpatient Restorations
Defendant No Show			
Defendant Reschedule			
Evaluator availability	2		
Police reports availability			
Relevant discovery availability			
Jail/Outside facility staffing issues			
Attorney scheduling conflicts	4		
Jail return/Discharge with no eval done			
Requires amended court order			
Charges adjudicated prior to eval			
New charges - wait for new court order			
Client released from custody & can't be located	1		
Defendant would not participate without attorney present			
Defendant would not cooperate with evaluation			
Interpreter needed but court order did not request it			
Other patient cooperation problem			
Evaluator rejected by prosecutor			
Medical Record/Collateral Information			
Interpreter scheduling conflicts	2		
Defense Expert scheduling			
police reports			
Attorney No Show			
Jail conference room availability/scheduling issues	1		
Processor error/clerical error	1		
Delay in Report Distribution	1		
Client or other required evaluation personnel have contracted or been exp			
No COVID-safe option to conduct the evaluation			
Delay in Submission of Evaluation Report due to Staff Furlough			
Order Processing Delay due to Staff Furlough			
Late Assignment	4		
Pending			
Unknown	3		
Not Applicable <sup>2</sup>			17

<sup>1</sup>An incomplete case may have more than one delay reason. Therefore, the number of delay reasons may be greater than the number of outlier cases.

<sup>2</sup>Not Applicable indicates that none of the delays listed in the table apply to the competency service specified, or the case was completed within the compliance deadline with no delay reason recorded.

Finally, Table 1 concludes with a focus on the reasons outlier cases experience delays prior to and during the inpatient services admissions process.

**Table 1c. Summary of Admission Delay Reasons**

TABLE 1c. continued SUMMARY OF ADMISSION DELAY REASONS <sup>1</sup>			
REASONS FOR DELAY IN DATABASE	In-Jail Evaluations	Inpatient Evaluations	Inpatient Restorations
Bed availability			16
Medical clearance availability			
Police reports availability			
Relevant discovery availability			
NCIC/Processing			
Hospital staffing issues			
Jail/Outside facility staffing issues			
Jail return/Discharge with no eval done			
Requires amended court order			
Charges adjudicated prior to eval			
Other patient cooperation problem			
Evaluator rejected by prosecutor			
Medical Record/Collateral Information			
Awaiting Instructions from Court			
change from JH to PR			
Client released from custody & can't be located			
In Custody - Not In Jail			
in hospital - furlough from jail			
Medical Clearance Needed			
Client contracted or has been exposed to COVID-19			
Client Being Reevaluated			
Order Processing Delay due to Staff Furlough			
Unknown			1
Not Applicable <sup>2</sup>	15		

<sup>1</sup>An incomplete case may have more than one delay reason. Therefore, the number of delay reasons may be greater than the number of outlier cases.

<sup>2</sup>Not Applicable indicates that none of the delays listed in the table apply to the competency service specified, or the case was completed within the compliance deadline with no delay reason recorded.

## CLASS MEMBER STATUS DATA TABLES

### DATA TABLES 2 THROUGH 4B.

The following series of tables present 13 months of Class Member status data. Descending from the top of the table, the first 12 months of data, ending with December 2023, are mature Class Member status data. At the bottom of the table, January’s data, highlighted in light orange, are “first look” and are subject to change over time as the data matures. Data highlighted in salmon indicate a data value that has matured and has been updated during the most recent reporting period. To view the complete set of Class Member status data, from April 2015 to present, please refer to Appendix A.

**Table 2. Class Member Status Western State Hospital - Jail-based Competency Evaluations**

TABLE 2. Class Member Status Western State Hospital – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	474	0.5	0.0	0.4	0.0	n/a	n/a	427	14.1	14.0	71 %	78 %	79 %
Feb-23	368	0.4	0.0	0.4	0.0	n/a	n/a	403	14.0	13.0	79 %	85 %	87 %
Mar-23	497	0.3	0.0	0.4	0.0	n/a	n/a	467	13.3	13.0	81 %	85 %	87 %
Apr-23	414	0.3	0.0	0.5	0.0	n/a	n/a	427	13.2	13.0	81 %	85 %	86 %
May-23	484	0.3	0.0	0.7	0.0	n/a	n/a	489	12.7	13.0	85 %	88 %	88 %
Jun-23	437	0.4	0.0	0.9	0.0	n/a	n/a	444	13.3	13.0	77 %	81 %	84 %
Jul-23	442	0.4	0.0	0.8	0.0	n/a	n/a	417	13.8	13.0	79 %	84 %	84 %
Aug-23	450	0.2	0.0	0.7	0.0	n/a	n/a	461	13.5	14.0	79 %	82 %	83 %
Sep-23	384	0.4	0.0	0.6	0.0	n/a	n/a	377	14.0	14.0	76 %	80 %	81 %
Oct-23	420	0.4	0.0	0.8	0.0	n/a	n/a	437	14.3	14.0	74 %	78 %	79 %
Nov-23	390	0.5	0.0	1.1	0.0	77.0	77.0	386	14.2	14.0	70 %	76 %	77 %
Dec-23	409	0.4	0.0	1.0	0.0	55.5	55.5	396	14.2	14.0	69 %	75 %	76 %
Jan-24	417	0.3	0.0	0.9	0.0	6.6	6.0	436	15.9	14.0	62 %	66 %	67 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. As 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 3. Class Member Status Western State Hospital - Inpatient Competency Evaluation Services**

TABLE 3. Class Member Status Western State Hospital – Inpatient Competency Services (Inpatient Evaluations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	7	0.3	0.0	3.8	0.0	n/a	n/a	21	85.6	84.0	0 %	0 %	0 %
Feb-23	0	0.2	0.0	0.1	0.0	n/a	n/a	12	149.2	141.0	0 %	0 %	0 %
Mar-23	3	0.3	0.0	0.0	0.0	n/a	n/a	7	190.7	218.0	0 %	0 %	0 %
Apr-23	3	0.2	0.0	0.1	0.0	n/a	n/a	8	67.1	50.0	13 %	13 %	13 %
May-23	1	0.1	0.0	0.0	0.0	n/a	n/a	7	141.0	131.0	0 %	0 %	0 %
Jun-23	6	0.1	0.0	0.0	0.0	n/a	n/a	4	38.8	26.5	0 %	0 %	0 %
Jul-23	12	0.3	0.0	0.2	0.0	n/a	n/a	7	15.3	14.0	0 %	0 %	0 %
Aug-23	9	0.3	0.0	0.2	0.0	n/a	n/a	4	57.0	51.0	25 %	25 %	25 %
Sep-23	11	0.2	0.0	0.2	0.0	n/a	n/a	12	47.1	59.0	17 %	17 %	17 %
Oct-23	6	0.2	0.0	0.1	0.0	n/a	n/a	16	38.3	36.5	0 %	0 %	0 %
Nov-23	8	0.4	0.0	0.1	0.0	n/a	n/a	5	25.6	26.0	0 %	0 %	0 %
Dec-23	7	0.4	0.0	0.1	0.0	n/a	n/a	9	22.4	29.0	33 %	33 %	33 %
Jan-24	5	0.0	0.0	0.0	0.0	5.0	5.0	9	18.0	26.0	33 %	33 %	33 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 4a. Class Member Status Western State Hospital - Inpatient Competency Restoration Services**

**TABLE 4a. Class Member Status Western State Hospital – Inpatient Competency Services (Restorations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	76	0.9	0.0	0.7	0.0	n/a	n/a	91	111.3	74.0	3%	3%	3%
Feb-23	87	0.9	0.0	0.6	0.0	n/a	n/a	111	157.7	148.0	5%	5%	9%
Mar-23	113	0.8	0.0	0.7	0.0	n/a	n/a	129	117.2	80.0	9%	9%	9%
Apr-23	83	1.1	0.0	0.3	0.0	n/a	n/a	103	157.1	163.0	3%	3%	5%
May-23	89	2.4	0.0	0.3	0.0	n/a	n/a	186	153.4	189.0	6%	6%	7%
Jun-23	114	2.8	0.0	0.3	0.0	n/a	n/a	129	88.4	79.0	8%	8%	9%
Jul-23	93	2.9	0.0	0.3	0.0	n/a	n/a	114	79.8	73.0	5%	5%	11%
Aug-23	119	3.9	0.0	0.5	0.0	n/a	n/a	172	64.2	71.0	5%	8%	9%
Sep-23	94	2.9	0.0	0.4	0.0	n/a	n/a	137	48.2	55.0	9%	9%	9%
Oct-23	100	3.3	0.0	0.5	0.0	n/a	n/a	135	33.0	31.0	7%	7%	8%
Nov-23	92	3.3	0.0	0.9	0.0	n/a	n/a	90	30.2	31.0	8%	9%	12%
Dec-23	92	1.3	0.0	0.3	0.0	n/a	n/a	91	26.1	30.0	7%	10%	12%
Jan-24	96	1.0	0.0	0.1	0.0	2.9	1.5	147	23.3	20.0	16%	18%	18%

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems and includes both WSH and RTF data for those months in this table. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System, is based on the number of periods individuals waited for competency services in jail, and only includes WSH data for those months in this table.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 4b. Class Member Status Residential Treatment Facilities - Inpatient Competency Restoration Services**

**TABLE 4b. Class Member Status Residential Treatment Facilities – Inpatient Competency Services (Restorations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	23	0.3	0.0	0.1	0.0	n/a	n/a	19	52.8	42.0	5 %	5 %	5 %
Feb-23	23	0.2	0.0	0.1	0.0	n/a	n/a	35	62.8	56.0	0 %	3 %	3 %
Mar-23	29	1.2	0.0	0.0	0.0	n/a	n/a	27	106.8	97.0	0 %	0 %	0 %
Apr-23	20	1.5	0.0	0.0	0.0	n/a	n/a	20	47.1	48.0	15 %	15 %	15 %
May-23	25	2.5	0.0	0.0	0.0	n/a	n/a	43	61.5	67.0	9 %	9 %	9 %
Jun-23	17	3.3	0.0	0.0	0.0	n/a	n/a	16	56.6	48.5	0 %	0 %	0 %
Jul-23	20	4.3	0.0	0.0	0.0	n/a	n/a	27	59.1	57.0	4 %	4 %	4 %
Aug-23	24	2.4	0.0	0.0	0.0	n/a	n/a	24	45.6	49.0	0 %	0 %	0 %
Sep-23	19	1.2	0.0	0.2	0.0	n/a	n/a	15	48.4	55.0	0 %	0 %	0 %
Oct-23	13	1.3	0.0	0.2	0.0	n/a	n/a	34	43.8	35.5	6 %	6 %	6 %
Nov-23	40	2.6	0.0	0.0	0.0	n/a	n/a	33	17.7	15.0	9 %	9 %	9 %
Dec-23	37	1.8	0.0	0.1	0.0	n/a	n/a	30	18.8	18.0	3 %	10 %	10 %
Jan-24	10	2.4	0.0	0.0	0.0	n/a	n/a	33	26.8	23.0	3 %	3 %	3 %

<sup>1</sup>Data before - AUG-2018 is not included because during those months, the RTF data was combined with the WSH data. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).



**THE OUTPATIENT COMPETENCY RESTORATION PROGRAM-DATA TABLE 4C.**

The OCRP element of the Trueblood Contempt Settlement Agreement that is managed by the Washington State Health Care Authority, provides an additional option for courts to order community-based restoration services in a less restrictive environment for defendants with appropriate acuity levels in the 11 counties and four Behavioral Health Administrative Services Organization regions covered by Phases 1 and 2 of the Settlement Agreement. The intent of OCRP is to provide the most appropriate level of care to the individual, ideally closer to their home community. Providing restoration services in a safe and cost-effective environment, while utilizing the newly available community treatment program should hopefully reduce the number of people wait-listed to receive competency restoration in an inpatient setting.

This month's report covers events from January 1-31, 2024. Data from this month are considered "first-look" and are likely to change as they mature. Data tables reflecting OCRP services are included in Tables 4c., 14, Appendices A, and F. Figures 2, 5, and 6 represent the visual presentation of OCRP data in this report. Only data from Trueblood Class Members appears in the OCRP tables and figures. As a result, some months have no new OCRP data to report.

Most individuals ordered to OCRP will not appear in Table 4c. Table 4c. is restricted to class members, meaning individuals in jail waiting for competency restoration services at any time after the competency order is signed. Currently, most individuals ordered to OCRP are released from jail prior to the court signing the OCRP order and remain in the community until entry into OCRP. The total number of individuals enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in Table 17 of this report. The OCRP update in Table 17 begins on page 53 of this month's report. Table 4c. follows on the next page.

**Table 4c. Class Member Status OCRP**

**TABLE 4c: Class Member Status Outpatient Competency Restoration Program (OCRP)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	2	0.5	0.5	0.0	0.0	n/a	n/a	1	2.0	2.0	100 %	100 %	100 %
Feb-23	1	0.0	0.0	0.0	0.0	n/a	n/a	2	7.0	7.0	50 %	50 %	50 %
Mar-23	3	0.0	0.0	0.0	0.0	n/a	n/a	3	1.7	1.0	100 %	100 %	100 %
Apr-23	1	0.0	0.0	0.0	0.0	n/a	n/a	1	4.0	4.0	100 %	100 %	100 %
May-23	0	n/a	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
Jun-23	8	0.3	0.0	0.0	0.0	n/a	n/a	8	3.8	4.0	88 %	100 %	100 %
Jul-23	0	n/a	n/a	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a
Aug-23	3	0.3	0.0	0.0	0.0	n/a	n/a	2	4.0	4.0	100 %	100 %	100 %
Sep-23	4	0.4	0.0	0.0	0.0	n/a	n/a	4	4.0	1.5	75 %	75 %	75 %
Oct-23	1	0.5	0.5	0.0	0.0	n/a	n/a	2	3.5	3.5	50 %	50 %	100 %
Nov-23	3	1.7	1.0	0.0	0.0	n/a	n/a	3	3.3	4.0	100 %	100 %	100 %
Dec-23	3	1.0	0.0	0.0	0.0	n/a	n/a	3	7.0	9.0	33 %	33 %	33 %
Jan-24	5	0.0	0.0	0.0	0.0	22.0	22.0	4	6.0	6.0	50 %	50 %	50 %

<sup>1</sup>The OCRP was implemented July 1, 2020. The data are pulled from the BHA Forensic Data System and Navigator Case Management System and based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts are from data recorded in the BHA Forensic Data System and Navigator Case Management System.

<sup>5</sup>The following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>According to the Settlement Agreement, "For criminal defendants waiting in jail, an offer of admission to the community outpatient restoration services program will occur within the constitutional timelines for restoration as outlined by the Federal Court." Therefore, this table captures the 3 compliance deadlines captured for inpatient competency restoration: 1) percent completed within 7 days from court order signature date (as stipulated from April 2015 to April 2017) and 2) percent of orders completed within 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) and 3) percent of all orders completed within either of two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date) (from May 2017 onward as outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389).

**DATA TABLES 5 THROUGH 10**

**Table 5. Class Member Status Eastern State Hospital-Jail-based Competency Evaluations**

TABLE 5. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	109	1.0	0.0	1.6	1.0	n/a	n/a	89	16.1	14.0	53 %	65 %	72 %
Feb-23	94	0.8	0.0	1.5	1.0	n/a	n/a	104	14.6	14.0	56 %	75 %	85 %
Mar-23	110	0.6	0.0	1.7	1.0	n/a	n/a	95	15.5	14.0	61 %	77 %	78 %
Apr-23	101	0.5	0.0	1.6	1.0	n/a	n/a	124	17.0	14.0	56 %	69 %	70 %
May-23	99	0.6	0.0	1.7	1.0	n/a	n/a	101	13.5	14.0	65 %	82 %	82 %
Jun-23	97	0.8	0.0	2.2	1.0	n/a	n/a	93	13.9	14.0	68 %	81 %	82 %
Jul-23	105	1.0	0.0	2.1	1.0	n/a	n/a	93	15.0	14.0	67 %	74 %	76 %
Aug-23	118	1.0	0.0	1.9	1.0	n/a	n/a	130	15.1	14.0	66 %	78 %	81 %
Sep-23	79	0.7	0.0	1.5	1.0	n/a	n/a	88	14.1	14.0	64 %	76 %	78 %
Oct-23	74	1.0	0.0	1.4	1.0	n/a	n/a	79	14.4	14.0	67 %	76 %	77 %
Nov-23	92	1.3	0.0	1.4	1.0	n/a	n/a	86	15.1	14.0	71 %	81 %	83 %
Dec-23	85	1.3	0.0	1.7	1.0	n/a	n/a	84	13.8	14.0	67 %	80 %	83 %
Jan-24	96	0.8	0.0	1.6	1.0	7.4	7.0	87	13.8	14.0	63 %	79 %	80 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. As 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 6. Class Member Status Eastern State Hospital-Inpatient Competency Services**

**TABLE 6. Class Member Status Eastern State Hospital – Inpatient Competency Services (Inpatient Evaluations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	10	1.5	0.0	0.6	0.0	n/a	n/a	9	62.4	48.0	11 %	11 %	11 %
Feb-23	7	0.7	0.0	0.8	0.0	n/a	n/a	7	105.6	106.0	0 %	0 %	0 %
Mar-23	6	1.8	1.0	0.8	0.0	n/a	n/a	18	99.4	115.0	0 %	0 %	0 %
Apr-23	3	2.4	1.0	0.4	0.0	n/a	n/a	11	107.9	113.0	0 %	0 %	0 %
May-23	4	3.7	1.0	3.3	0.0	n/a	n/a	8	66.0	54.0	0 %	0 %	0 %
Jun-23	3	1.1	0.0	4.3	1.0	n/a	n/a	7	21.0	11.0	43 %	43 %	43 %
Jul-23	4	0.4	0.0	0.0	0.0	n/a	n/a	2	38.5	38.5	0 %	0 %	0 %
Aug-23	7	0.4	0.0	0.7	0.0	n/a	n/a	3	10.7	6.0	67 %	67 %	67 %
Sep-23	3	0.6	1.0	0.6	0.0	n/a	n/a	3	42.3	49.0	0 %	0 %	0 %
Oct-23	4	0.5	1.0	0.6	0.0	n/a	n/a	6	46.2	51.5	0 %	0 %	0 %
Nov-23	0	0.4	0.0	0.0	0.0	n/a	n/a	4	32.3	29.5	0 %	0 %	0 %
Dec-23	4	0.2	0.0	0.8	0.0	n/a	n/a	2	30.0	30.0	0 %	0 %	0 %
Jan-24	0	0.0	0.0	1.3	0.0	n/a	n/a	2	49.0	49.0	0 %	0 %	0 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 7. Class Member Status Eastern State Hospital-Inpatient Competency Restoration Services**

**TABLE 7. Class Member Status Eastern State Hospital – Inpatient Competency Services (Restorations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	21	2.0	0.0	0.5	0.0	n/a	n/a	23	114.3	134.0	0 %	0 %	4 %
Feb-23	28	1.8	0.0	0.4	0.0	n/a	n/a	28	82.1	75.5	11 %	11 %	14 %
Mar-23	20	1.9	0.0	0.1	0.0	n/a	n/a	39	110.2	124.0	0 %	0 %	0 %
Apr-23	34	0.6	0.0	0.5	0.0	n/a	n/a	44	87.9	100.5	5 %	5 %	5 %
May-23	30	0.7	0.0	0.5	0.0	n/a	n/a	46	43.5	41.0	2 %	4 %	4 %
Jun-23	19	0.5	0.0	0.0	0.0	n/a	n/a	29	40.9	37.0	3 %	3 %	3 %
Jul-23	31	2.9	0.0	0.5	0.0	n/a	n/a	24	45.4	47.0	8 %	13 %	17 %
Aug-23	42	3.4	0.0	0.4	0.0	n/a	n/a	25	33.4	29.0	4 %	4 %	4 %
Sep-23	29	3.7	0.0	0.9	0.0	n/a	n/a	27	43.8	50.0	4 %	4 %	4 %
Oct-23	30	1.7	0.0	1.0	0.0	n/a	n/a	39	47.2	51.0	0 %	0 %	0 %
Nov-23	18	1.3	0.0	1.3	0.0	63.0	63.0	29	43.0	45.0	0 %	0 %	0 %
Dec-23	25	1.8	0.0	0.1	0.0	43.5	43.0	16	46.4	50.0	0 %	0 %	0 %
Jan-24	27	1.6	0.0	0.0	0.0	26.1	27.0	36	48.1	50.0	11 %	11 %	11 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 8. Class Member Status at WSH and ESH (Totals)-Jail-based Competency Evaluations**

TABLE 8. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		within 14 days from order signature date <sup>5,6</sup>	within 14 days from receipt of order <sup>5,6</sup>	within 14 days from receipt of order or 21 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	583	0.6	0.0	0.6	0.0	n/a	n/a	516	14.4	14.0	68 %	75 %	78 %
Feb-23	462	0.5	0.0	0.6	0.0	n/a	n/a	507	14.1	14.0	74 %	83 %	86 %
Mar-23	607	0.4	0.0	0.6	0.0	n/a	n/a	562	13.7	14.0	78 %	84 %	86 %
Apr-23	515	0.4	0.0	0.7	0.0	n/a	n/a	551	14.0	13.0	75 %	81 %	82 %
May-23	583	0.4	0.0	0.8	0.0	n/a	n/a	590	12.8	13.0	82 %	87 %	87 %
Jun-23	534	0.5	0.0	1.1	0.0	n/a	n/a	537	13.4	13.0	76 %	81 %	83 %
Jul-23	547	0.5	0.0	1.0	0.0	n/a	n/a	510	14.0	13.0	77 %	82 %	83 %
Aug-23	568	0.4	0.0	0.9	0.0	n/a	n/a	591	13.8	14.0	76 %	81 %	82 %
Sep-23	463	0.4	0.0	0.7	0.0	n/a	n/a	465	14.0	14.0	74 %	79 %	81 %
Oct-23	494	0.5	0.0	0.9	0.0	n/a	n/a	516	14.3	14.0	73 %	78 %	79 %
Nov-23	482	0.6	0.0	1.1	0.0	77.0	77.0	472	14.4	14.0	70 %	77 %	78 %
Dec-23	494	0.5	0.0	1.1	0.0	55.5	55.5	480	14.1	14.0	69 %	76 %	77 %
Jan-24	513	0.4	0.0	1.0	0.0	6.8	6.5	523	15.6	14.0	62 %	68 %	69 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>Days from order signature to<sup>3</sup> represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the report is sent to the court, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. As 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 9. Class Member Status at WSH and ESH (Totals)-Inpatient Competency Evaluation**

TABLE 9. Class Member Status at WSH and ESH (Totals) – Inpatient Competency Services (Inpatient Evaluations) <sup>1</sup>													
MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	17	0.8	0.0	2.5	0.0	n/a	n/a	30	78.7	84.0	3%	3%	3%
Feb-23	7	0.5	0.0	0.5	0.0	n/a	n/a	19	133.1	126.0	0%	0%	0%
Mar-23	9	1.2	0.0	0.5	0.0	n/a	n/a	25	125.0	140.0	0%	0%	0%
Apr-23	6	1.4	0.0	0.3	0.0	n/a	n/a	19	90.7	90.0	5%	5%	5%
May-23	5	2.1	0.0	1.6	0.0	n/a	n/a	15	101.0	117.0	0%	0%	0%
Jun-23	9	0.6	0.0	1.9	0.0	n/a	n/a	11	27.5	25.0	27%	27%	27%
Jul-23	16	0.3	0.0	0.1	0.0	n/a	n/a	9	20.4	14.0	0%	0%	0%
Aug-23	16	0.3	0.0	0.4	0.0	n/a	n/a	7	37.1	8.0	43%	43%	43%
Sep-23	14	0.3	0.0	0.3	0.0	n/a	n/a	15	46.1	52.0	13%	13%	13%
Oct-23	10	0.3	0.0	0.2	0.0	n/a	n/a	22	40.4	42.0	0%	0%	0%
Nov-23	8	0.4	0.0	0.1	0.0	n/a	n/a	9	28.6	26.0	0%	0%	0%
Dec-23	11	0.3	0.0	0.3	0.0	n/a	n/a	11	23.8	29.0	27%	27%	27%
Jan-24	5	0.0	0.0	0.3	0.0	5.0	5.0	11	23.6	26.0	27%	27%	27%

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 10. Class Member Status at WSH, ESH, and RTFs (Totals)-Inpatient Competency Restoration Services**

**TABLE 10. Class Member Status at WSH and ESH, and RTFs (Totals) – Inpatient Competency Services (Restorations)<sup>1</sup>**

MONTH	Court Orders Signed <sup>2</sup>	Days from order signature to <sup>3</sup> :						Court Orders Completed <sup>4</sup>	Days from order signed to completion <sup>5</sup>		Percent complete within 7 days from order signature date <sup>5,6</sup>	Percent completed within 7 days from receipt of order <sup>5,6</sup>	Percent completed within 7 days from receipt of order or within 14 days from order signature date <sup>5,6</sup>
		hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals			Average	Median			
		Average	Median	Average	Median	Average	Median						
Jan-23	120	1.0	0.0	0.6	0.0	n/a	n/a	133	103.4	73.0	3%	3%	4%
Feb-23	138	0.9	0.0	0.5	0.0	n/a	n/a	174	126.4	87.0	5%	6%	9%
Mar-23	162	1.0	0.0	0.5	0.0	n/a	n/a	195	114.4	97.0	6%	6%	6%
Apr-23	137	1.0	0.0	0.3	0.0	n/a	n/a	167	125.7	90.0	5%	5%	6%
May-23	144	2.2	0.0	0.3	0.0	n/a	n/a	275	120.6	82.0	6%	6%	7%
Jun-23	150	2.6	0.0	0.2	0.0	n/a	n/a	174	77.5	69.5	6%	6%	7%
Jul-23	144	3.0	0.0	0.3	0.0	n/a	n/a	165	71.4	57.0	5%	6%	10%
Aug-23	185	3.6	0.0	0.5	0.0	n/a	n/a	221	58.7	56.0	5%	6%	7%
Sep-23	142	2.9	0.0	0.5	0.0	n/a	n/a	179	47.6	54.0	7%	7%	8%
Oct-23	143	2.6	0.0	0.5	0.0	n/a	n/a	208	37.5	34.0	6%	6%	6%
Nov-23	150	2.7	0.0	0.8	0.0	63.0	63.0	152	30.0	31.0	7%	7%	9%
Dec-23	154	1.5	0.0	0.2	0.0	43.5	43.0	137	26.9	29.0	5%	9%	10%
Jan-24	133	1.3	0.0	0.1	0.0	17.8	17.5	216	27.9	22.0	13%	14%	14%

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>Court Orders Signed is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>"Days from order signature to" represents the number of days from the beginning of a period of waiting in jail for competency services to the specified timeframe (i.e., hospital receipt of order, hospital receipt of discovery, end of reporting month of incomplete referrals, and completion (or the end of a period of waiting in jail for competency services)).

<sup>4</sup>Court Orders Completed is the number of cases completed in the month specified. Cases are completed if the client is admitted for services, the order is withdrawn or dismissed, or the client is no longer waiting for services in jail. Counts prior to AUG-18 are taken from previously reported classmember populations provided with monthly court report submissions. Counts since AUG-18 are from data recorded in the BHA Forensic Data System.

<sup>5</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: completion and the percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>6</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

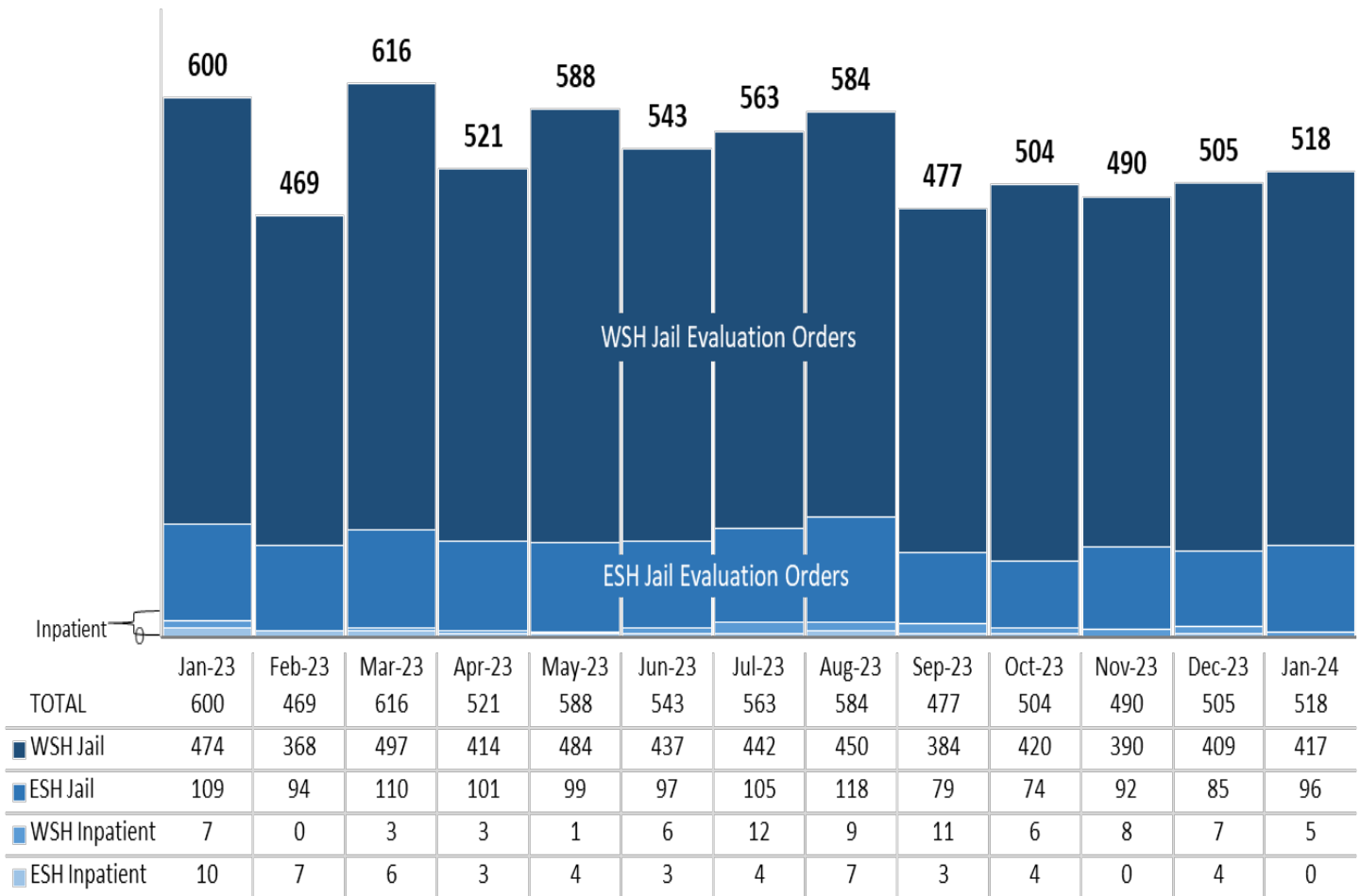


## CLASS MEMBER STATUS DATA GRAPHS

### DATA GRAPHS-FIGURES 1 THROUGH 6

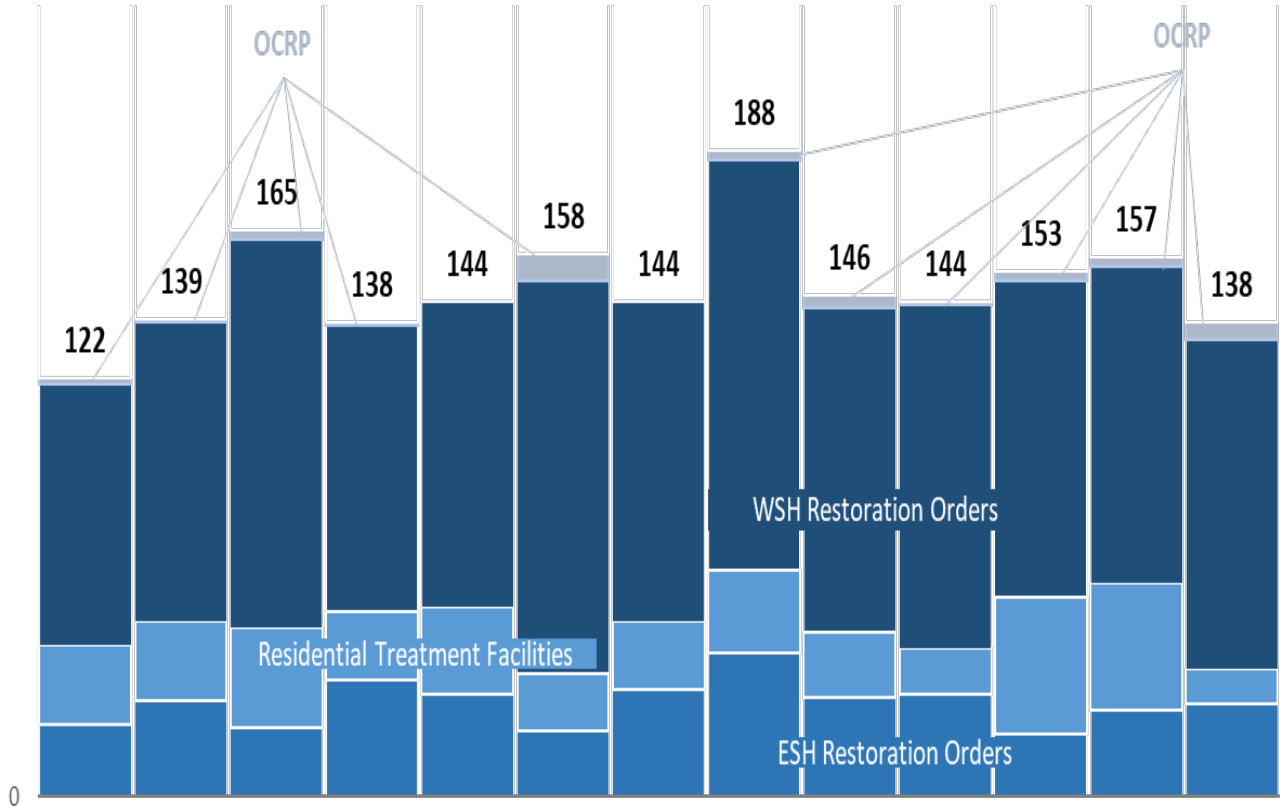
The following figures, Figures 1-6, present “first look” January 2024 data. The data are subject to change as they mature over a longer time horizon.

**Figure 1. Signed Evaluation Orders for Trueblood Class Members**



SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, February 2024.

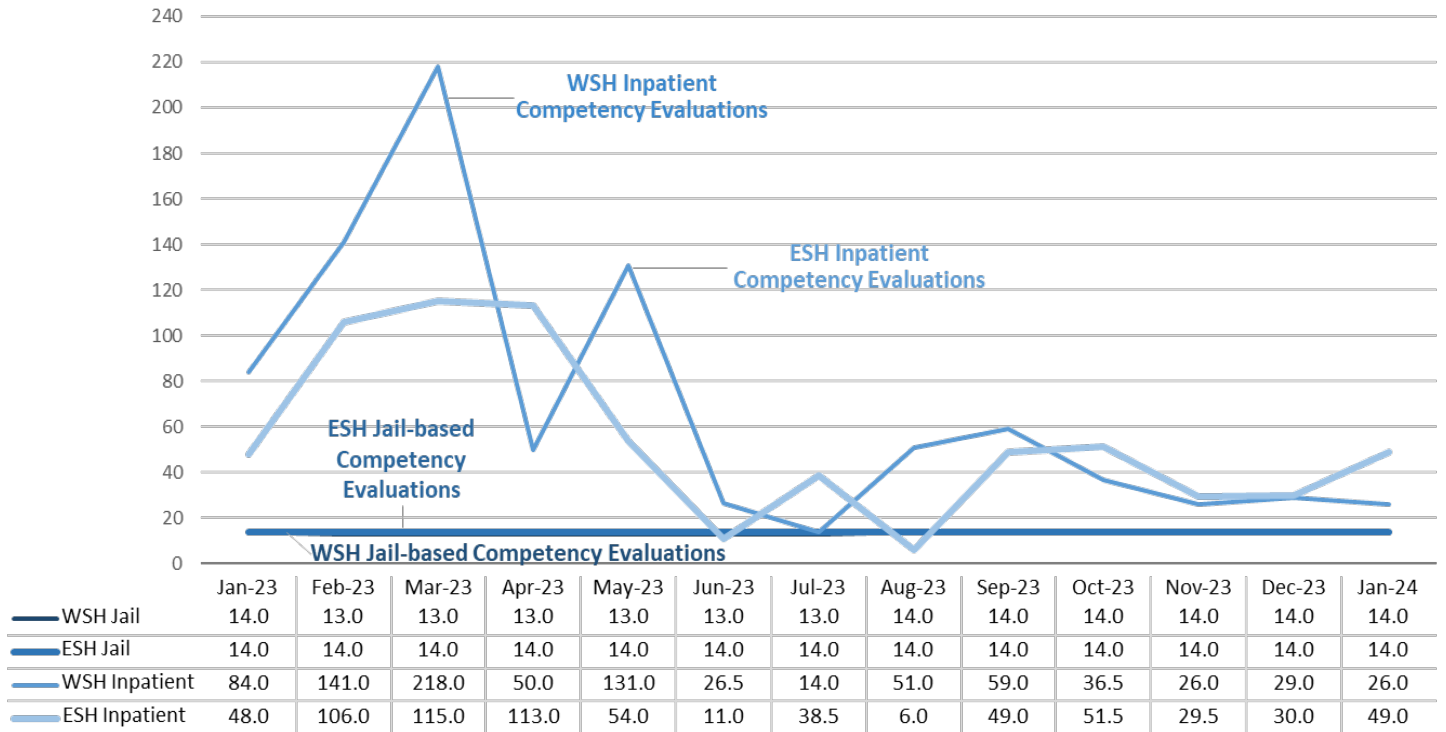
**Figure 2. Signed Restoration Orders for Trueblood Class Members**



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
TOTAL	122	139	165	138	144	158	144	188	146	144	153	157	138
OCRP	2	1	3	1	0	8	0	3	4	1	3	3	5
WSH Restoration	76	87	113	83	89	114	93	119	94	100	92	92	96
RTF Restoration	23	23	29	20	25	17	20	24	19	13	40	37	10
ESH Restoration	21	28	20	34	30	19	31	42	29	30	18	25	27

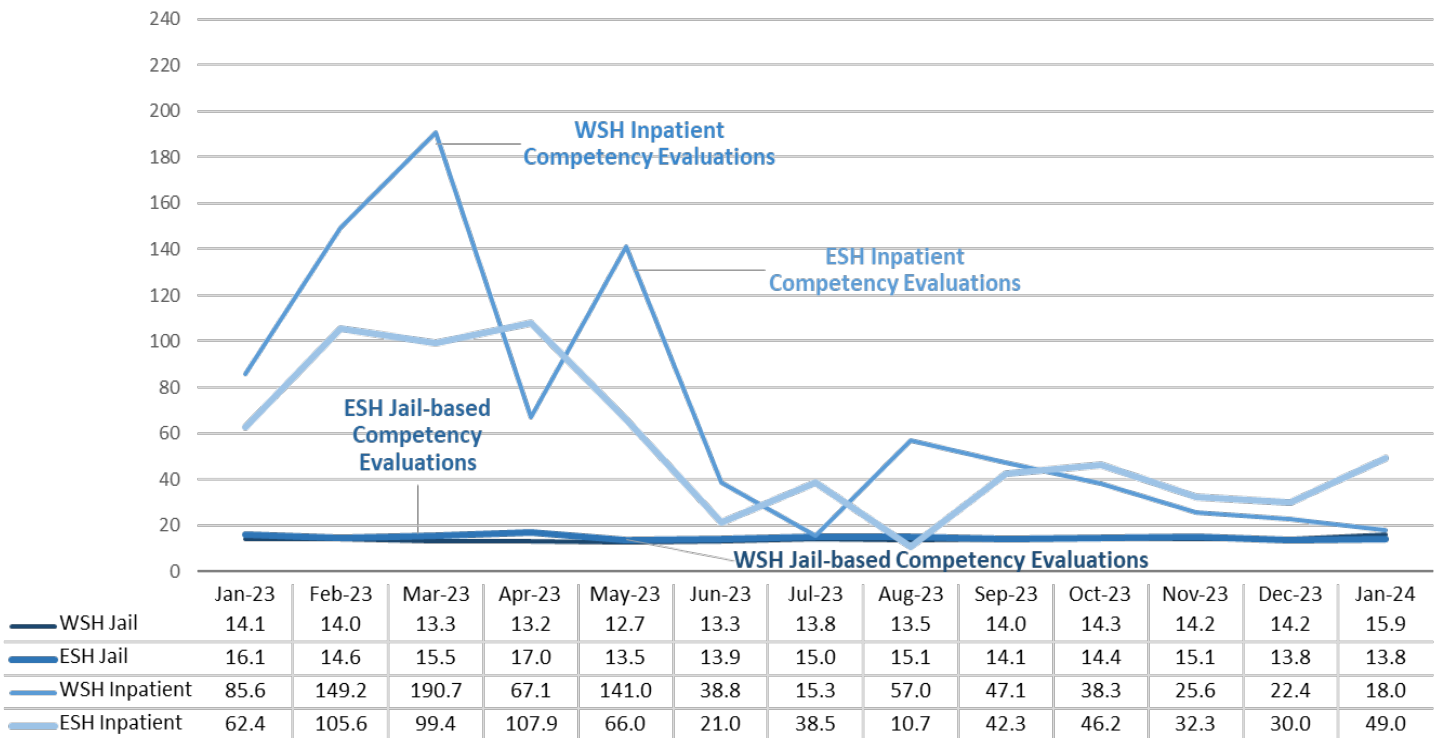
SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, February 2024.

**Figure 3. Median Days from Court Order Signature to Completed Evaluation**



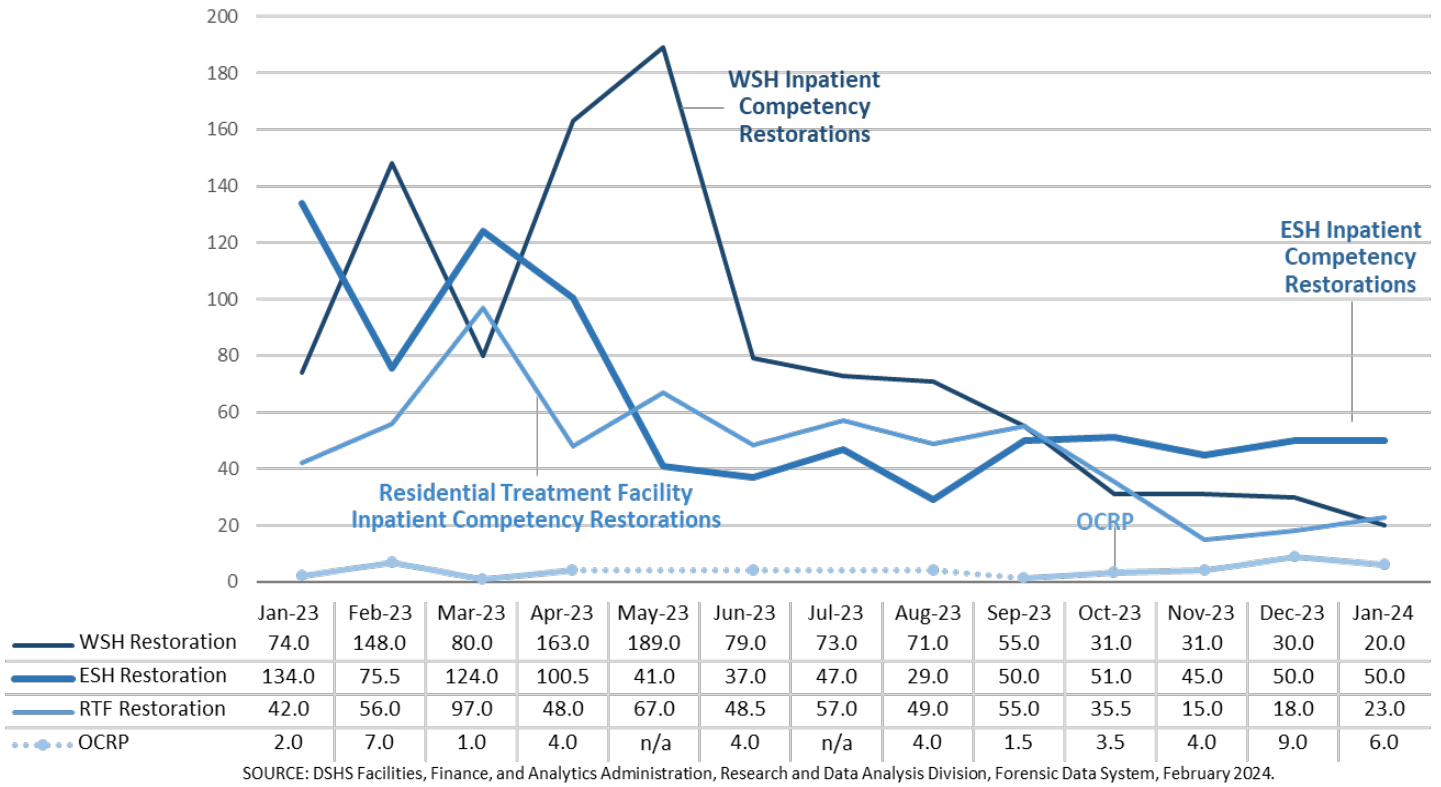
SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, February 2024.

**Figure 4. Average Days from Court Order Signature to Completed Evaluation**

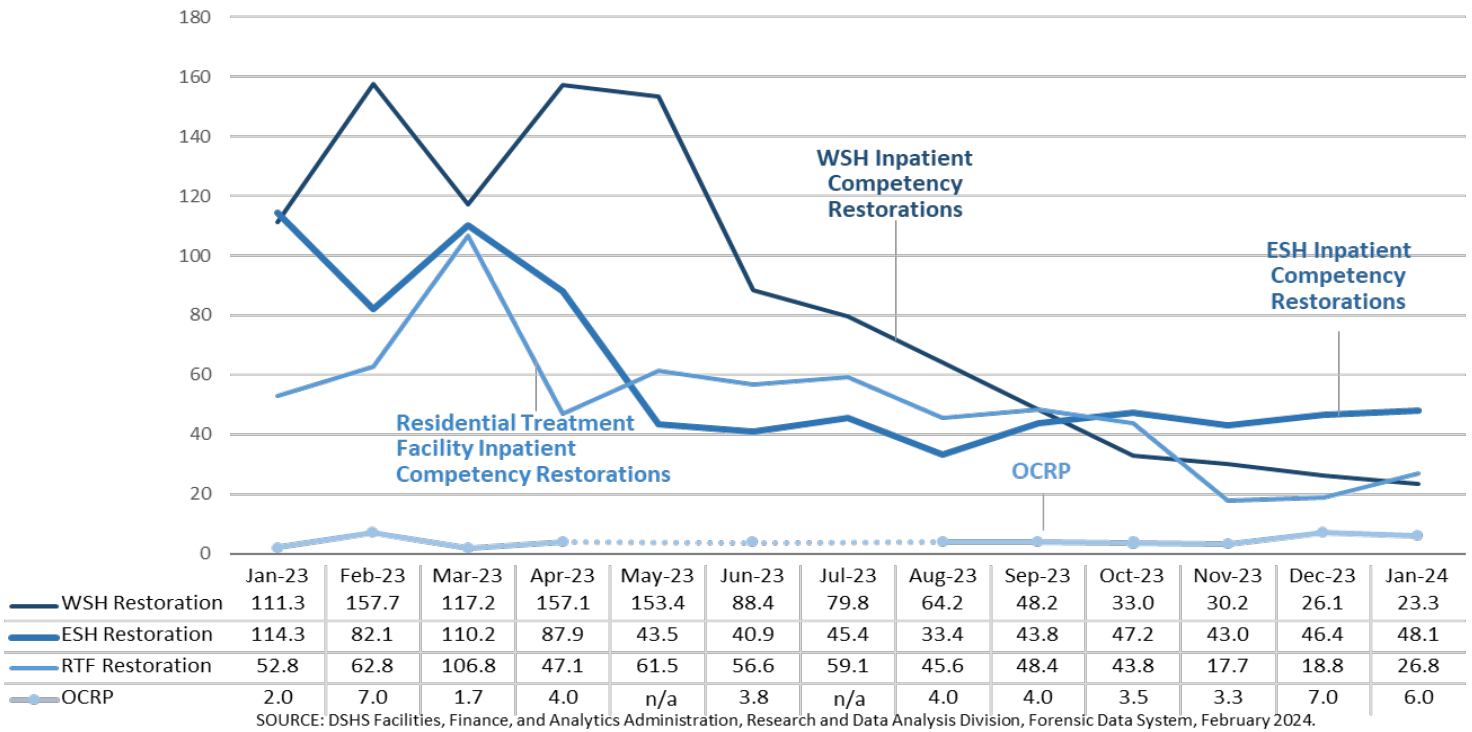


SOURCE: DSHS Facilities, Finance, and Analytics Administration, Research and Data Analysis Division, Forensic Data System, February 2024.

**Figure 5. Median Days from Court Order Signature to Completed Restoration**



**Figure 6. Average Days from Court Order Signature to Completed Restoration**



## TABLES 11-14: SUMMARY OF JAIL EVALUATIONS, IN-PATIENT EVALUATIONS, AND RESTORATIONS BY MONTH SINCE FEBRUARY 2016

### DATA TABLES 11 THROUGH 13

The data presented in this section, from Tables 11-14 (percent days or less), are based on the month that the Court Order was signed and will therefore be different from the data shown previously in Tables 2-10, which are based on the month the order packet was completed. January 2024 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 timely completion period. A rolling thirteen months is displayed in Tables 11-14. Tables 11-13 are presented in this first subsection followed by Table 14 in the subsequent subsection.

**Table 11. Total Completed Jail Evaluation Orders by Month Court Order Signed**

TABLE 11. TOTAL COMPLETED JAIL EVALUATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1</sup>							
MONTH	<i>Court Orders Signed</i> <sup>2</sup>	14 DAYS OR LESS FROM ORDER SIGNATURE DATE <sup>3</sup>	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE <sup>3</sup>	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER <sup>3,4</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER <sup>3,4</sup>	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>3,4</sup>	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE <sup>3,4</sup>
Jan-23	583	435	75 %	489	84 %	508	87 %
Feb-23	462	345	75 %	381	82 %	397	86 %
Mar-23	607	466	77 %	495	82 %	498	82 %
Apr-23	515	405	79 %	439	85 %	446	87 %
May-23	583	453	78 %	487	84 %	494	85 %
Jun-23	534	397	74 %	423	79 %	430	81 %
Jul-23	547	435	80 %	459	84 %	464	85 %
Aug-23	568	423	74 %	450	79 %	459	81 %
Sep-23	463	338	73 %	360	78 %	366	79 %
Oct-23	494	355	72 %	385	78 %	390	79 %
Nov-23	482	336	70 %	371	77 %	377	78 %
Dec-23	494	325	66 %	349	71 %	353	71 %
Jan-24	513	247	48 %	270	53 %	273	53 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 to June 2016, the in-jail evaluation compliance deadline was within 7 days from court order signature date, and from July 2016 to April 2017, the in-jail evaluation compliance deadline was within 14 days from court order signature date. As 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 (if the order was received within 0 and 7 days from order signature date) (or 14 days from the beginning or notification of a period of waiting in jail). 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 14 days from the beginning or notification of a period of waiting in jail) or 21 days from order signature date (if the order was received after 7 days from order signature date). In addition, starting in August 2018, the in-jail evaluation compliance calculations are adjusted based on Good Cause Extensions granted by the court.

**Table 12. Total Completed Inpatient Evaluation Orders by Month Court Order Signed**

TABLE 12. TOTAL COMPLETED INPATIENT EVALUATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1,2</sup>							
MONTH	Court Orders Signed <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>
Jan-23	17	1	6 %	1	6 %	1	6 %
Feb-23	7	0	0 %	0	0 %	0	0 %
Mar-23	9	0	0 %	0	0 %	0	0 %
Apr-23	6	1	17 %	1	17 %	1	17 %
May-23	5	0	0 %	0	0 %	0	0 %
Jun-23	9	3	33 %	3	33 %	3	33 %
Jul-23	16	1	6 %	1	6 %	1	6 %
Aug-23	16	2	13 %	2	13 %	2	13 %
Sep-23	14	2	14 %	2	14 %	2	14 %
Oct-23	10	0	0 %	0	0 %	0	0 %
Nov-23	8	1	13 %	1	13 %	1	13 %
Dec-23	11	2	18 %	2	18 %	2	18 %
Jan-24	5	3	60 %	3	60 %	3	60 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**Table 13. Total Completed Restoration Orders by Month Court Order Signed**

TABLE 13. TOTAL COMPLETED RESTORATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1,2</sup>							
MONTH	<i>Court Orders Signed</i> <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>
Jan-23	120	7	6 %	9	8 %	11	9 %
Feb-23	138	8	6 %	8	6 %	12	9 %
Mar-23	162	9	6 %	9	6 %	10	6 %
Apr-23	137	8	6 %	9	7 %	10	7 %
May-23	144	16	11 %	16	11 %	18	13 %
Jun-23	150	11	7 %	11	7 %	15	10 %
Jul-23	144	8	6 %	10	7 %	14	10 %
Aug-23	185	11	6 %	14	8 %	16	9 %
Sep-23	142	13	9 %	13	9 %	14	10 %
Oct-23	143	12	8 %	12	8 %	14	10 %
Nov-23	150	11	7 %	13	9 %	20	13 %
Dec-23	154	7	5 %	11	7 %	12	8 %
Jan-24	133	31	23 %	33	25 %	33	25 %

<sup>1</sup>Data before - AUG-2018 is previously reported data from the legacy data systems. Data from AUG-2018 onward, is updated data pulled from the new BHA - Forensic Data System and is based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>From AUG-2018 onward, the following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>From April 2015 April 2017, the inpatient evaluation and restoration compliance deadline was within 7 days from court order signature date. As of May 2017, DSHS compliance data are calculated and summarized in this table based on the modified deadline for inpatient competency evaluation and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall complete inpatient competency evaluation and restorations 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 (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail). 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 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date).

**THE OUTPATIENT COMPETENCY RESTORATION PROGRAM-DATA TABLE 14**

The OCRP element of the Trueblood Contempt Settlement Agreement that is managed by the Washington State Health Care Authority, provides an additional option for courts to order community-based restoration services in a less restrictive environment for defendants with appropriate acuity levels in the 11 counties and four Behavioral Health Administrative Services Organization regions covered in Phases 1 and 2 of the Trueblood Contempt Settlement Agreement. The intent of OCRP is to provide the most appropriate level of care to the individual, ideally closer to their home community. Providing restoration services in a safe and cost-effective environment, while utilizing the newly available community treatment program should hopefully reduce the number of people wait-listed to receive competency restoration in an inpatient setting.

This month's report covers events from Jan. 1-31, 2024. Data from this month are considered "first-look" and are likely to change as they mature. Data tables reflecting OCRP services are included in Tables 4c., 14, Appendices A, and F. Figures 2, 5, and 6 represent the visual presentation of OCRP data in this month's report. Only data from Trueblood Class Members is reflected in the OCRP tables and figures. As a result, some months have no new OCRP data to report.

Most individuals ordered to OCRP will not appear in Table 14. Table 14 is restricted to class members, meaning individuals in jail waiting for competency restoration services at any time after the competency order is signed. Currently, most individuals ordered to OCRP are released from jail prior to the court signing the OCRP order and remain in the community until entry into OCRP. The total number of individuals enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in Table 17 of this report. The OCRP update in Table 17 begins on page 53 of this month's report. Table 14 follows on the next page.



**Table 14. OCRP Completed Restoration Orders by Month Court Order Signed**

TABLE 14. OUTPATIENT COMPETENCY RESTORATION PROGRAM COMPLETED RESTORATION ORDERS BY MONTH COURT ORDER SIGNED <sup>1</sup>							
MONTH	Court Orders Signed <sup>1</sup>	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER <sup>1,2</sup>	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE <sup>1,2</sup>
Dec-22	2	2	100 %	2	100 %	2	100 %
Jan-23	2	1	50 %	1	50 %	1	50 %
Feb-23	1	1	100 %	1	100 %	1	100 %
Mar-23	3	3	100 %	3	100 %	3	100 %
Apr-23	1	1	100 %	1	100 %	1	100 %
May-23	0	0	n/a	0	n/a	0	n/a
Jun-23	8	7	88 %	8	100 %	8	100 %
Jul-23	0	0	n/a	0	n/a	0	n/a
Aug-23	3	2	67 %	2	67 %	2	67 %
Sep-23	4	4	100 %	4	100 %	4	100 %
Oct-23	1	0	0 %	0	0 %	1	100 %
Nov-23	3	3	100 %	3	100 %	3	100 %
Dec-23	3	1	33 %	1	33 %	1	33 %
Jan-24	5	2	40 %	2	40 %	2	40 %

<sup>1</sup>The OCRP was implemented July 1, 2020. The data are pulled from the BHA Forensic Data System and Navigator Case Management System and based on the number of periods individuals waited for competency services in jail.

<sup>2</sup>**Court Orders Signed** is the number of court orders signed in the specified month for those individuals waiting for competency services in jail and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month due to a class member entering jail from the community while awaiting a court-ordered competency service. This number does not include court orders signed for individuals waiting for competency services outside of jail.

<sup>3</sup>The following data elements exclude periods of waiting for competency services in jail that have not yet ended: orders completed and percent completed variables. Once the waiting period has ended, those cases will be included in the wait-time and percents.

<sup>4</sup>According to the Settlement Agreement, "For criminal defendants waiting in jail, an offer of admission to the community outpatient restoration services program will occur within the constitutional timelines for restoration as outlined by the Federal Court." Therefore, this table captures the 3 compliance deadlines captured for inpatient competency restoration: 1) number and percent completed within 7 days from court order signature date (as stipulated from April 2015 to April 2017) and 2) number and percent of orders completed within 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) and 3) the number and percent of all orders completed within either of two compliance deadlines: 7 days from receipt of order (if the order was received within 0 and 7 days from order signature date) (or 7 days from the beginning or notification of a period of waiting in jail) or 14 days from order signature date (if the order was received after 7 days from order signature date) (from May 2017 onward as outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389).

## RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

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### **2017-2021 BUDGET APPROPRIATIONS**

The state invested significant resources into beds, staffing, and programs impacting Trueblood Class Members. For detailed information on specific investments, review monthly reports from August 2022 and earlier at [Monitor Reports](#). On Jan. 25, 2018, Judge Pechman approved contempt fine funds to remodel WSH's Steilacoom Unit (Formerly Building 27/Fort Steilacoom). As a result, 30-bed Steilacoom Unit opened in August 2019.

### **2021-2023 BUDGET APPROPRIATIONS**

The COVID-19 pandemic emerged in Washington state in February 2020 resulting in significant pandemic-related expenditures and emergency budget reductions. COVID-19's fiscal impacts became less severe over time, and federal resources became available to DSHS. The funding below is for the 2021-2023 biennium:

1. \$27.4 million for two new 29-bed forensic competency restoration wards at WSH. F9 began accepting patients the first week of May, and F10 began admitting patients later in May
2. \$11.6 million to operate Maple Lane Campus' Oak Unit, a 16-bed facility for civil patients; Oak Unit began accepting patients early April 2023
3. \$5.8 million to operate a new 16-bed civil long term mental health inpatient Unit on the DSHS Behavioral Health & Treatment Center – Brockmann Campus in Vancouver. The new Unit is currently estimated to open in 2025 as one of three DSHS-operated Units on the Brockmann Campus.
4. \$9.3 million to remodel and operate Maple Lane Campus' Columbia Unit as a 30-bed facility for NGRI patients from WSH. Columbia expects to admit its first patients on February 21, 2024.
5. \$4.3 million and 20.5 FTEs to support human resources, pharmacy, security, laundry, food services and facilities for two new 25-bed competency restoration wards opened at ESH in FY'20 and FY'21
6. \$3.2 million and 12.0 FTEs for the Forensic Navigator Program to expand to the King region during Phase 2 of the Settlement Agreement. Phase 2 Navigator services began in the King region in January 2022
7. \$3.2 million and 11.6 FTEs for Trueblood management support, to include project managers, records staff, research and data analysis support, and IT support
8. \$52.9 million in capital funding for the new 16-bed Oak Unit (operating costs listed in number two above) and a similar 48-bed Brockmann Campus in Clark County (operating costs for the 16 DSHS operated beds listed in number three above; an HCA contractor will operate the other 32 beds at the Clark County RTF). May 2025 is the current estimated opening for 32 beds, and September 2025 is the estimated opening for the remaining 16 beds (The Legislature decided through the 2023-2025 budget to fund DSHS to operate all 48 beds as three 16-bed units, and HCA will no longer be a facility contractor.).
9. \$51 million for the design of a new 350-bed forensic hospital at WSH. Construction is expected to begin in 2024 with substantial completion estimated for late 2027. The first patient admissions would be expected approximately nine months after staff occupy the hospital building.

## **2023-2025 BUDGET APPROPRIATIONS**

The FY'23 supplemental budget and the 2023-2025 biennium operating and capital budgets passed the legislature near the end of the 2023 legislative session. The Governor signed the budgets into law on May 16. Significant investments into Washington state's behavioral health system transformation have continued through this budget.

1. Operating funds to expand the Maple Lane Campus by adding the 32-bed Chelan and 32-bed Baker Units.
2. Operating funds for all 48 beds at Brockmann Campus in Vancouver to include the delivery of services by BHA (previous plans were for DSHS to operate 16 beds and for HCA to contract operations for two 16-bed units)
3. One-time funding to contract with the South Correctional Entity in King County to provide enhanced clinical services for misdemeanor and lower-level felony cases from the forensic admission wait list.
4. Implementation funds for the newly passed legislation, E2SSB 5440, which includes funds for additional jail-based and community-based personal recognizance competency evaluations; funds for expanded Trueblood Phase 3 implementation; and funds to create a forensic evaluation pilot site at the King County Correctional Facility to reduce delays and create efficiencies for Trueblood class members requiring competency evaluations.
5. Resources to address barriers for hard-to-place patients residing at the state hospitals who are ready and appropriate for discharge to a community setting.
6. One-time funding to pursue strategies to maximize existing forensic bed availability for Trueblood Class Members.
7. Western State Hospital: \$895 million in capital construction funding over the 2023-2025 and 2025-2027 budget biennia for the new 350-bed forensic hospital.
8. Maple Lane Campus: \$21.9 million to remodel 136 behavioral health beds and other improvements.
9. Brockmann Campus in Clark County: \$20.6 million for three civil 16-bed residential treatment facilities.

## **NEED PROJECTIONS AND BED CAPACITY**

In June 2017, Judge Pechman directed the Court Monitor to have a competency services bed need study conducted to illustrate patient demand and bed need, aiming to determine the feasibility, timeframe, compliance with court orders, and to measure the impact of community-based competency evaluation on the demand for inpatient competency evaluation and restoration beds. The TriWest Group was selected as the contractor to complete this work. The Court Monitor provided DSHS the draft report on Oct. 3, 2018. DSHS received the final report via webinar on Dec. 10, 2018.

## TRUEBLOOD KEY ACCOMPLISHMENTS-JANUARY 2024

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### **RECRUITING**

Talent Acquisition program staff continue to support hiring needs associated with ESH, WSH, Steilacoom Unit, and Cascade Unit.

Applicants presented to Eastern State Hospital for consideration are indicated below:

- Registered Nurses – 36 presented
- Licensed Practical Nurses – 3 presented
- Occupational Therapists – 2 presented
- Physician Assistant – 2 presented
- Forensic Care Associates – 30 presented
- Mental Health Technician – 25 presented
- Psychiatric Social Worker – 8 presented
- Institution Counselor – 11 presented

Applicants presented to Western State Hospital for consideration are indicated below:

- Registered Nurses – 46 presented
- Licensed Practical Nurses – 22 presented
- Psychiatric Security Nurses – 8 presented
- Psychiatric Social Worker – 11 presented
- Institutional Counselors – 51 presented
- Forensics Care Associates – 168 presented
- Mental Health Technicians – 92 presented
- Psychologists – 5 presented
- Psychology Associate – 19 presented
- Psychiatrist – 1 presented
- Occupational Therapist – 2 presented

Applicants presented to Maple Lane Campus' Cascade Unit for consideration are indicated below:

- Registered Nurses – 8 presented
- Licensed Practical Nurses – 2 presented
- Residential Rehabilitation Counselor – 17 presented
- Institution Counselor – 15 presented

No update for Steilacoom Unit this report.

## **ACTIONS TO ADDRESS STAFFING CHALLENGES**

Competing for staff talent with the private sector in the context of the well-publicized post-pandemic workforce challenges has left many positions, especially at our treatment facilities, chronically short-staffed. BHA has identified and implemented creative solutions within our existing authority and partnered with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. In spring and summer 2022, DSHS completed several steps to alleviate staffing challenges. Steps taken included hiring more contractors and travel nurses, adding hiring recruitment resources to both WSH and ESH, especially to hire nurses, partnering with the Washington State Office of Financial Management to adjust pay ranges for certain positions, expanding our successful forensic evaluator training and recruitment post-doctoral program from three-to-five interns, and engaging a successful demand to bargain with labor partners to allow for contract evaluations to take place until vacancies can be filled. Implementing new policies and practices to attract and retain passionate, talented staff remains critical to success, and BHA has continued this critical focus through 2022 and 2023. Even with these successful actions, BHA continues to face high vacancy rates in several critical patient-centered job classes. As of early February, vacancies in these classes now range between 34-42 percent. The ability to maintain current restoration capacity is a challenge, and staffing new physical capacity is also very challenging.

BHA has established a HQ-based staffing and outreach team focused on filling the newly established positions for the additional facilities being built as well as providing recruitment, outreach, and hiring support for vacancies within existing facilities and programs. This team has increased the partnerships, job fairs, and outreach connections with a focus on high schools, community colleges, trade schools, tribal governments, professional, and community organizations. Some of the strategic recruitment and outreach activities include:

- Program/facility-specific job fairs
- Position/discipline-specific job fairs (nursing, psychology, security guard)
- Veteran-focused hiring events
- Sending statewide letter to all licensed psychologists
- Paid recruitment ads in professional journals

Effective July 1, 2023, several new staff retention measures take effect with implementation of the 2023-2025 biennial budget and collective bargaining agreements.

- Staff who were hired on or before July 1, 2022 and remain employed on July 1, 2023 qualify for a one-time lump sum retention payment. Most employees receive \$1,000. Certain represented employees may receive \$1,500.
- All employees in Washington General Service and Washington Management Service positions, working at our 24/7 facilities receive a five-percent wage premium for hours worked on-site at the facilities.
- All employees receive a four-percent cost of living adjustment. Effective July 1, 2024, all employees are scheduled to receive an additional three-percent cost of living adjustment.
- Enacted targeted wage scale adjustments for critical positions.
- Extra duty pay for psychologists, forensic evaluators, and psychiatric social workers (1 ½ times the regular rate)
- Extra duty pay for ARNPs (1 ¼ times the regular rate)
- Extra duty pay for physicians and psychiatrists (1 ¼ times the regular rate).

**RESIDENTIAL TREATMENT FACILITIES DATA**

This section presents monthly data for the current month and the trailing year (13 months), with a year-over-year average comparison. DSHS Behavioral Health & Treatment Center – Maple Lane Campus - Cascade Unit and DSHS Behavioral Health & Treatment Center – Steilacoom Unit (formerly Building 27/Fort Steilacoom) are presented in their own table, Tables 15 and 16 in this section of the report.

**Table 15. Monthly RTF Data for Cascade Unit**

Data Elements	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Avg	Jan-24	2024 Avg
Census (last day of month)	24	28	26	26	29	29	30	25	21	25	19	21	25.25	17	17.00
Total patients admitted	10	13	13	8	18	14	15	11	4	13	15	11	12.08	6	6.00
Completed and found competent (1st Restoration)	6	2	9	4	6	7	4	10	3	6	10	3	5.83	4	4.00
Not likely restorable (transported back to jail)	3	2	0	2	2	3	0	0	0	1	0	0	1.08	0	0.00
Court Order lapsed (Transported back to Jail)	0	0	0	0	0	0	1	1	1	1	0	0	0.33	1	1.00
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0	0	0	1	1	2	2	1	0	0.58	2	2.00
Misdemeanor patients not restored (no further treatment by law)	1	0	2	1	2	0	0	1	0	0	1	2	0.83	1	1.00
Total transferred to State Hospital	0	1	0	1	1	0	2	0	2	0	4	4	1.25	6	6.00
For physical aggression	0	0	0	1	1	0	0	0	0	0	1	0	0.25	1	1.00
For sexually inappropriate behavior	0	0	0	0	0	0	0	0	0	0	0	0	0.00	1	1.00
For medical reasons	0	1	0	0	0	0	0	0	0	0	0	1	0.17	1	1.00
Due to court ordered treatment at SH	0	0	0	0	0	0	2	0	0	0	0	0	0.17	0	0.00
Other	0	0	0	0	0	0	0	0	2	0	3	3	0.67	2	2.00
Total patients eloped	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Total recommended for early evaluation	4	2	5	3	5	2	6	2	1	2	4	2	3.17	1	1.00
Total recommended for 2nd 90-day order	5	1	5	4	5	4	1	4	3	3	2	1	3.17	3	3.00
Total recommended for 3rd 90-day order	0	0	0	0	0	0	0	0	1	0	0	0	0.08	0	0.00

**Table 16. Monthly RTF Data for Steilacoom Unit**

Data Elements	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	2023 Avg	Jan-24	2024 Avg
Census (last day of month)	27	29	26	21	30	24	28	30	26	24	20	16	25.08	27	27.00
Total patients admitted	8	11	12	7	17	7	13	10	10	13	9	12	10.75	20	20.00
Completed and found competent (1st Restoration)	6	2	9	4	3	11	3	5	7	5	2	5	5.17	8	8.00
Not likely restorable (transported back to jail)	2	3	0	2	5	0	1	0	1	0	1	0	1.25	0	0.00
Court Order lapsed (Transported back to jail)	0	1	1	1	0	1	0	0	0	3	2	1	0.83	0	0.00
Felony patients completed and found not likely restorable (1st Restoration)	2	2	1	2	0	0	1	5	0	7	2	1	1.92	7	7.00
Misdemeanor patients not restored (no further treatment by law)	0	2	0	1	2	1	0	0	1	1	0	1	0.75	0	0.00
Total transferred to State Hospital	1	1	1	3	3	1	4	1	1	2	1	3	1.83	0	0.00
For physical aggression	0	0	1	0	0	0	2	0	1	2	1	3	0.83	0	0.00
For sexually inappropriate behavior	0	0	0	0	0	0	1	0	0	0	0	0	0.08	0	0.00
For medical reasons	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Due to court ordered treatment at SH	1	1	0	3	1	1	0	0	0	0	0	0	0.58	0	0.00
Other	0	0	0	0	0	0	1	1	0	0	0	0	0.17	0	0.00
Total patients eloped	0	0	0	0	0	0	0	0	0	0	0	0	0.00	0	0.00
Total recommended for early evaluation	0	0	1	0	0	0	1	0	0	2	0	1	0.42	0	0.00
Total recommended for 2nd 90-day order	6	2	3	0	5	4	3	6	2	1	1	2	2.92	0	0.00
Total recommended for 3rd 90-day order	0	0	0	0	0	1	0	0	1	0	1	0	0.25	0	0.00

## TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED-JANUARY 2024

The table below shows implementation steps taken and planned and is updated for the current reporting period.

**Table 17. Trueblood Implementation Steps**

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
<b>Court Appointed Monitor Coordination</b>				
Monthly reports	Released January 2024 report.	Complete	<ul style="list-style-type: none"> <li>Maintain compliance with the Court.</li> <li>Use data to review and improve the provision of forensic services.</li> </ul>	January 2024 report released to stakeholders.
<b>Legislative Coordination</b>				
Implement Engrossed Substitute Senate Bill 6656: Funding applications.	Apply for funding from the Office of Financial Management from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	Complete	<ul style="list-style-type: none"> <li>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</li> </ul>	<p>The Select Committee for Quality Improvement in State Hospitals met on Oct. 30 and Dec. 15, 2017. During the Dec. 15, meeting, the department presented material on the three prosecutorial diversion programs funded in FY '18. The Court Monitor provided an overview and update on eight programs that received Trueblood fine money for diversion services.</p> <p>In 2018, meetings occurred on the following dates: April 18, July 24, and Oct. 18. In 2019, the committee met on Jan. 7, prior to sunseting on July 1.</p> <p>The Behavioral Health Recovery System Transformation Task Force convened after July 1, 2019, conducting similar work as the Select Committee. The Task Force met on Sept. 26 and Nov. 12.</p>



<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			<p>associated with dividing one or both of the state hospitals into discrete hospitals to serve civil and forensic patients in separate facilities. The consultant's report was due to the Governor and Legislature by Oct. 1, 2016.</p> <ul style="list-style-type: none"> <li>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 consultant's report was due to the Governor and Legislature by Oct. 1, 2016.</li> </ul>	<p>In 2020, the BHRST task force met on Sept. 25 and Oct. 23. The website below contains the agenda and other meeting materials for the Oct. 23 meeting including draft recommendations from the Task Force's legislative members: <a href="https://app.leg.wa.gov/committeeschedules/Home/Documents/28006?//29870/01-01-2020/11-15-2020/Agenda///Bill/">https://app.leg.wa.gov/committeeschedules/Home/Documents/28006?//29870/01-01-2020/11-15-2020/Agenda///Bill/</a></p> <p>Final recommendations of the Task Force were due on Dec. 1, 2020 after which, the Task Force sunset.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			<ul style="list-style-type: none"> <li>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.</li> </ul>	

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
<p>Consult with key partners and stakeholders, including out of state agencies, regarding potential legislation, potential certification of forensic evaluators, and other opportunities to enhance quality assurance.</p>	<p>Consult key partners including out of state agencies.</p>	<p>Ongoing</p>	<ul style="list-style-type: none"> <li>Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators.</li> <li>Develop long-term certification of forensic evaluators, consistent with the Trueblood Court Monitor’s recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance.</li> </ul>	<p>Consultation with other states regarding certification of forensic evaluators continues through periodic videoconferences and follow-up contacts with key staff in other states. Information about credentialing from other states was shared with the forensic evaluator supervisors.</p> <p>Since May 2021, OFMHS’ has focused more on internal quality assurance/performance improvement for reports. The first step consisted of updating the forensic report writing guidelines, and the second step is the peer review and collaboration policy development process.</p> <p>In May 2021, next steps related to this process were discussed. Discussion focused on exploring further a peer review process and what associated training may look like for internal “credentialing.” With work being done on updating the evaluator guidelines manual, drafting the peer review policy was delayed until completion of the guidelines manual. The initial plan was to complete a draft of the peer review policy by Aug. 1, 2022. Due to extremely high numbers of competency evaluation referrals statewide, the due date had to be pushed back several times until Dec. 31, 2022.</p> <p>The Initial draft was completed with input from forensic evaluator staff from the six offices at the end of December. The policy was placed in PolicyTech for further review in January and February 2023. Policy was reviewed by supervisors and the director and edits were made. The revised policy was then sent out to the policy reviewers at the end of April. Once all reviews are completed by the policy team (which includes the attorney general’s office), the new draft will be shared with evaluators and labor. The next iteration of the draft was planned for October 2023. However, with the increase in in-patient competency referrals at WSH requiring staff to focus on completing evaluations, the next iteration for review is planned for January 2024.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
<b>Labor Coordination</b>				
Engage labor leaders and members.	Conduct ongoing bi-monthly meetings with labor leaders.	Ongoing	<ul style="list-style-type: none"> <li>• Discuss policy, budget and operational changes likely required to comply with the Trueblood requirements.</li> <li>• Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals.</li> <li>• Obtain necessary psychiatrists and physicians to supplement services proved by employees at WSH to safely support the operation of additional forensic and civil beds.</li> </ul>	Information was provided to the union in October about upcoming plans to work toward certifying all forensic evaluators as developmental disability professionals based on changes in statute. A training on intellectual disability occurred on Nov. 2, 2023, along with additional pertinent training for staff scheduled as needed for staff. Labor has requested additional information at the end of November regarding this change. A meeting with the union occurred in December and because of that meeting, a demand to bargain was instituted with the plan to hold this meeting in on January 26, 2024. As a result of the demand to bargain, if any evaluators need additional training for DDP evaluations, this will be offered via individualized training plans with a goal of having all training plans (for those who need them) completed by the end of April.
<b>Data Collection and Fiscal Modeling</b>				
Monthly report data collection	Identify and obtain needed data.	Complete	<ul style="list-style-type: none"> <li>• Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.</li> </ul>	Data collection is ongoing. The Forensic Data System technical team continues to meet bi-monthly with program staff and RDA. Reporting needs are identified, run through change control, and implemented as needed. This process is operationalized.

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
Institute data audit process.	Review data and files of cases with anomalies to identify trends.	Complete	<ul style="list-style-type: none"> <li>• Ensure completeness and accuracy of wait list data.</li> </ul>	Data validation process is ongoing. IT project team and RDA analysts, research data anomalies to determine the cause, impact, and remediation needed.
Forensic Data System design/ development	Analyze legacy applications data quality for potential data migration.	Complete	<ul style="list-style-type: none"> <li>• Integrated forensic system with consistent data entry and tracking of all Class Members from creation of court order for mental competency evaluation through completion of evaluation and/or restoration.</li> <li>• Provided evaluators ability to access client status changes remotely to reduce delays.</li> <li>• Provided a single platform for quality reporting, eliminating the variability inherent in leveraging legacy applications not meant for this purpose.</li> </ul>	

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
FDS Post-implementation Processes	Data migration clean-up	Complete	<ul style="list-style-type: none"> <li>Some migrated data contained historical elements requiring clean up in the new system.</li> </ul>	Historical data load has been loaded into FDS and is available to approved roles.
	Usability	Complete	<ul style="list-style-type: none"> <li>The system contains modules that align with roles of forensic 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.</li> <li>Modified search screens to reveal all court orders for each client.</li> <li>Streamlined admissions process; created refined inpatient “Due In/ Due Out” movement report.</li> </ul>	<p>The IT project team modified search screens to show a more complete snapshot of the court order, eliminating barriers resulting from role-based access. Roles still limit the data specific users may edit.</p> <p>System now directs users to all court orders for a client, including the client’s aliases.</p> <p>The Due In/Due Out Report has been modified to contain the essential fields for the hospital admission coordinators. Additional requirements were gathered to also meet the needs of other admission coordinators.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
	System data issues	Complete	<ul style="list-style-type: none"> <li>Improved data integrity (date client status effectively changed, Forensic Evaluation Completion, Due In Date and Due Out Date).</li> <li>Resolved missing data (CINs).</li> <li>Built ability to link queues, status start dates and status due dates to changes in client data, delay reasons and good cause extensions to changes in client status.</li> </ul>	<p>Client Status History table has been added to the database and user interface; user interface has been updated to capture updated Court Order Due Date for Forensic Evaluation Completion.</p> <p>New Client Identification Number confirmer trained; requested access to additional secondary systems for identifying clients.</p> <p>New structure for capturing client status has been released to users on Apr. 17, 2019.</p>
	RDA reporting issues	Complete	<ul style="list-style-type: none"> <li>Ensured RDA accounted for all/correct elements when building reports.</li> </ul>	<p>RDA has expertise in the legacy database schemas and the Court’s requirements. The IT project team has expertise in the new FDS schema and will continue to transfer that expertise to RDA.</p>
<b>Human Resources</b>				
Hire OFMHS HQ positions.	Hire and onboard.	Complete	<ul style="list-style-type: none"> <li>Provided infrastructure for forensic services system; improved</li> </ul>	<p>For evaluators, all authorized and required positions to enact Phase 1 have been filled.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			effective and timely competency services provision.	
Hire additional hospital ward staff.	Conduct targeted hiring events.	In progress	<ul style="list-style-type: none"> <li>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.</li> </ul>	Talent Acquisition recruiting efforts continue.  <b>See pages 36-37 for additional details on recruiting and retention initiatives.</b>
	Pursue contracting			
<b>Competency Evaluation</b>				
Build capacity for out-station sites.	Site agreements	N/A	<ul style="list-style-type: none"> <li>Increased capacity at out-station sites will reduce wait time for evaluations.</li> </ul>	Most evaluations at outstation sites and all evaluations at RTFs have been conducted by telehealth to reduce COVID-19 exposure risk. The telehealth system accommodates interpreter services and attorney requirements to be present. <b>Refer to pages 50-51 for additional information on telehealth sites and monthly data.</b>
	Outstation sites operational	Complete		
Coordinate with forensic mental health system partners.	Regular meetings with county stakeholders	Ongoing	<ul style="list-style-type: none"> <li>Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the Trueblood decision.</li> </ul>	The most recent bi-monthly stakeholder meeting in Pierce convened on Nov. 15, 2023. The next meeting has not yet been scheduled due to staff turn-over at Pierce County.  OFMHS partners with King County’s Department of Behavioral Health and Recovery to convene a group to address issues related to Trueblood Class Members. This group met monthly from May 2019 – May 2022, when the group moved to a new every-other-month meeting cadence. Participants include police, behavioral health providers, shelter services, prosecutors, defenders, DRW, DSHS, and more. The next meeting is scheduled for Mar. 18, 2024.
Continue current county-conducted	Establish quality criteria for evaluation reports.	Ongoing	<ul style="list-style-type: none"> <li>Obtain data needed from counties in order to meet Court</li> </ul>	The Quality Assurance program for competency reports began Nov. 1, 2017. Forensic evaluator supervisors use a manual of standards for competency



<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
evaluation system until 2018.			ordered reporting requirements.	<p>evaluations and audit competency evaluation reports written by their direct reports.</p> <p>During Q4 2023, 97-percent of forensic evaluators had competency evaluation reports audited by supervisors. A total of 131 competency evaluation reports were reviewed in Q4 2023.</p>
Explore and pursue triage system possibilities.	Roll out Phase 2.	In progress	<ul style="list-style-type: none"> <li>Establish an efficient evaluation to identify individuals who need inpatient services due to a serious mental health condition; who clearly do not require inpatient evaluation services; or who are clearly competent due to changes in their condition since the issuance of an evaluation order (i.e., no longer drug affected).</li> </ul>	<p>As of Jan. 31, 2024, OFMHS has received 1,024 triage referrals from jail staff/defense. Of those referrals, 634 were approved, 303 referrals were denied, and 87 referrals were withdrawn before placement could be made.</p> <p>On Nov. 2, 2016, OFMHS began calling jails holding in-custody defendants waiting 14 days for a competency evaluation. The calls notify jail staff of the Triage Consultation and Expedited Admissions process. Since tracking began, approximately 3,998 calls have been made including zero calls to jails in January 2024. In addition to jail calls, each month staff also complete and document administrative checks, within our data systems, on clients nearing 14 days. These checks ensure that scheduled evaluations are completed, and any problems are tracked through to resolution.</p>
Develop Telehealth video-conferencing systems to assist in the completion of evaluations.	State-wide implementation and utilization of technology.	Ongoing	<ul style="list-style-type: none"> <li>Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more evaluations, thereby helping to</li> </ul>	<p>The telehealth system began operations in 2018 and has regularly expanded its ongoing operations to include additional partners. OFMHS continues to educate partners on this technology. With the COVID-19 pandemic, telehealth technology saw increased interest from entities seeking to continue evaluations while maximizing safety of clients and staff. As stakeholders have grown increasingly comfortable with telehealth technology, they have gained appreciation for telehealth evaluation’s efficiency for all parties.</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
			<p>meet Court ordered requirements.</p>	<p>OFMHS has reached out to 48 jails statewide to review and further expand telehealth use. Telehealth processes are actively used in the Colville Tribes Corrections Detention Facility, Nisqually Corrections Center, Yakama Nation Correction &amp; Rehabilitation Facility, and in the following county jails: Benton, Clallam, Clark*, Cowlitz**, Ferry, Franklin, Grant, Grays Harbor, Jefferson, King**, King – Maleng Regional Justice Center, Kitsap, Okanogan, Pacific, San Juan, Spokane, Spokane - Geiger, Stevens, Thurston, Walla Walla, Whatcom, Whitman, and Yakima, and in the following local jails: Aberdeen, Enumclaw, Forks, Hoquiam, Issaquah, Kent, Kirkland, Nisqually, Puyallup, SCORE, Sunnyside, and Yakima City jails.</p> <p>OFMHS continues to reach out to jails across the state to identify and troubleshoot barriers to telehealth implementation and adoption and recently visited Chelan County Jail to assess an area planned for telehealth. OFMHS has developed a turnkey solution to increase telehealth capabilities in facilities, to reduce technical issues, and to move toward a standardized hardware and software package. This new kiosk solution has been installed and is being used successfully in the Yakima County Jail. OFMHS is working on installing a similar kiosk as well as a mobile kiosk in Snohomish County Jail. DSHS’ competency restoration programs at Steilacoom Unit, Maple Lane’s Cascade Unit, ESH, WSH, and HCA’s OCRP in Spokane and Pierce Counties, and Southwest Washington can also provide videoconference and telephonic presence of secondary parties.</p> <p><i>*Notes the ability for telephonic presence of defense counsel and interpreter in certain cases.</i>  <i>**Hybrid process where the evaluator or the defense counsel is present in person to facilitate use of equipment with other parties remotely.</i></p> <p>Court orders have authorized 10,054 telehealth evaluations since August 2018. Clients or their attorneys have rejected 1.7% of attempts resulting in 9,886 completed telehealth evaluations. For the last 12 months, telehealth</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
				evaluations have averaged approximately 212 evaluations per month. This data is current through February. 14, 2024.
<b>Competency Restoration</b>				
SH addition 45 beds	Bed occupancy with forensic patients.	Complete	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>The Legislature funded this request to operate 45 additional beds in Steilacoom Unit (Formerly Building 27/Fort Steilacoom) and the South Hall 5 ward.</p> <p>S5 expanded from 15 beds to 30. S5 reached full patient capacity in fall 2018. Steilacoom Unit RTF opened on WSH’s campus in late Aug. 2019.</p>
WSH addition 40 beds	Bed occupancy with forensic patients.	Complete	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>In the 2017-19 budget, the legislature allotted funding to convert 60 civil beds to 42 forensic beds on two wards at WSH per the settlement. The wards’ final configurations resulted in 40 new beds instead of 42, accommodating a seclusion room on each ward.</p> <p>COVID-19 limitations caused significant contractor and subcontractor construction delays. The Court granted an extension of time to complete construction and open the new wards to patients. E4 started admitting patients on Feb. 8, 2021, and E3 started admitting patients on Feb. 15, 2021.</p>
ESH addition of 50 beds	Bed occupancy with forensic patients.	Complete	<ul style="list-style-type: none"> <li>Serves overall plan to add beds and expand State Hospital forensic bed capacity to meet Court ordered requirements.</li> </ul>	<p>In the 2019-2021 biennial budget, more than \$24 million was allocated to DSHS to renovate two 25-bed forensic competency restoration units at ESH.</p> <p>The COVID-19 emergency impacted construction activities. The Court granted a time extension to complete construction and open the new wards to patients. Ward 1N3 opened June 1, 2020. Ward 3N3 opened Aug. 3, 2020.</p>
Provide Restoration Treatment at DSHS Behavioral Health	Restore patients to competency.	Ongoing	<ul style="list-style-type: none"> <li>To meet or exceed the restoration rates at both state hospitals.</li> </ul>	<p>The quarterly length of commitment data pulled on Jan. 17, 2024 shows that restoration patients on 45-day orders at Cascade Unit, Steilacoom Unit, and both state hospitals are close in length. <b>Refer to Table 15 on page 38.</b></p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
<p>&amp; Treatment Center – Maple Lane Campus - Cascade Unit</p>			<ul style="list-style-type: none"> <li>• Hard closure date set for June 30, 2024 unless trigger event occurs.</li> </ul>	<p>On Feb. 9, 2024, Cascade Unit’s census was 24. Due to low numbers on the waitlist, the process for referrals is under review, so that facilities can intake a resident within the seven-day window once the order is received. Recruitment continues for three permanent DSHS RRC2 and three on-call vacancies. The program is working on re-classing the RRC job class to the IC job class. This work should be completed by the end of February 2024.</p> <p>In November 2023, the second RTF resident transferred to OCRP in Pierce County.</p>
<p>Provide Restoration Treatment at YCRP.</p>	<p>Restore patients to competency.</p>	<p>Complete</p>	<ul style="list-style-type: none"> <li>• To meet or exceed the restoration rates at both state hospitals.</li> <li>• Barring “trigger event,” hard closure date was Dec. 31, 2021.</li> </ul>	<p>The last patient transferred from YCRP on July 26, 2021. The program officially closed on Aug. 14. Comprehensive finished all close out activities per the ramp down plan.</p>
<p>Provide Restoration Treatment at DSHS Behavioral Health &amp; Treatment Center – Steilacoom Unit (formerly Building 27/ Fort Steilacoom)</p>	<p>Open Steilacoom Unit</p>	<p>Complete</p>	<ul style="list-style-type: none"> <li>• Identified alternate facility capacity to meet Trueblood compliance.</li> <li>• Collaborated with Court parties to open the facility.</li> </ul>	<p>On Feb. 9, 2024, the census was 24. Due to low numbers on the waitlist, the referral process is being revised, so facilities can intake a resident within the seven-day window upon receipt of the court order. Effective Feb. 1, 2024, Steilacoom Unit has a permanent psychologist 4. The candidate is currently completing new employee orientation, so the locums psychologist will continue until the end of the month.</p> <p>Currently, there are four IC positions vacant on dayshift, one on swing shift, and two on night shift. There is one swing shift PS3 vacancy. For the RN’s, there is one vacant evening RN3, and one vacant on-call RN2. One agency RN is filling in for a RN on FMLA. All recruitments are open. To help with coverage, some of Columbia IC’s and RN’s have volunteered to work shifts at Steilacoom Unit. We are currently working with HR for approval. The program</p>

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				<p>director position was filled on Dec. 1, 2023 by Dennis Suarez. Dennis comes to us from the Washington State Department of Veterans Affairs. Dr. Bolinger did a fantastic job covering the director duties for two months while we worked on the recruitment.</p>
	Restore patients to competency.	Ongoing	<ul style="list-style-type: none"> <li>To meet or exceed the restoration rates at both state hospitals.</li> </ul>	<p>The Jan. 17, 2024 quarterly length of stay report indicates Steilacoom Unit, Cascade Unit, and the state hospitals have very similar lengths of stay for 45-day orders. The LOC for 90 days at Steilacoom Unit is now similar to the other facilities. <b>Refer to Table 16 on page 39.</b></p>
Implementation of OCRPs	Diversion programs are operational.	Complete	<ul style="list-style-type: none"> <li>Development and implementation of OCRP in the Pierce, Spokane, and Southwest regions.</li> </ul>	<p>Phase 1 OCRPs continue to have adequate space to accept referrals for all suitable individuals in their regions. OCRP contractors continue to use support funds to assist with transitional housing and to acquire additional temporary housing and bed placements for OCRP-enrolled persons.</p> <p>The HCA, DSHS Forensic Navigators, and Frontier Behavioral Health continue to collaborate to increase enrollment of suitable, appropriate individuals in the Spokane region. We have seen some improvement in enrollment and will continue our coordination efforts.</p> <p>Most people ordered to OCRP will not appear in Tables 4c. or 14. Tables 4c. and 14 are restricted to class members, meaning people in jail at the time their competency restoration order is signed. Currently, most people ordered to OCRP are released from jail prior to the court signing the OCRP order. The total number of people enrolled in an Outpatient Competency Restoration Program (regardless of jail status) is provided in the Trueblood semi-annual report and reported quarterly in the text below within Table 17 of this report.</p> <p>RDA provides periodic OCRP enrollment updates. The revised table counts align with SAR reporting. The counts in this section will not match those in Tables 4c. or 14, which are specific to class members (persons held in jail following an OCRP restoration order, see Tables 4c. or 14, footnote 2).</p>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
				<p>The OCRP providers ceased using Excel spreadsheets in early March and are entering all data in the Navigator Case Management System. DSHS and HCA continue working to migrate the Excel tracker data into the NCM system.</p> <p>The Trueblood semi-annual report is the primary reporting mechanism for Trueblood Settlement Agreement implementation programs. Aggregate counts will be provided quarterly in this report for monitoring purposes.</p> <ul style="list-style-type: none"> <li>• 175 unduplicated individuals enrolled               <ul style="list-style-type: none"> <li>○ 31 active</li> <li>○ 144 discharged</li> </ul> </li> <li>• Reasons discharged:               <ul style="list-style-type: none"> <li>○ 54 opined competent</li> <li>○ 43 conditional release revoked</li> <li>○ 18 charges dismissed</li> <li>○ 5 opined not competent</li> <li>○ 6 returned to jail</li> <li>○ 9 inpatient civil psychiatric care</li> <li>○ 4 opined not restorable</li> <li>○ 2 deaths</li> <li>○ 2 legal authority ended</li> <li>○ 1 inpatient medical care</li> </ul> </li> <li>• Discharge location:               <ul style="list-style-type: none"> <li>○ 87 community</li> <li>○ 27 state hospital</li> <li>○ 15 jail</li> <li>○ 3 RTF</li> <li>○ 12 unknown</li> </ul> </li> </ul>

<b>Task</b>	<b>Key Milestones</b>	<b>Status / End Dates</b>	<b>Anticipated Outcome &amp; Assumptions</b>	<b>Results Achieved &amp; Barriers to Completion</b>
				<p>Source: OCRP provider Excel tracker data and the Navigator Case Management system. See SAR for data definitions:  <a href="https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood%20Semi-Annual%20Report%20Fall%202023.pdf">https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood%20Semi-Annual%20Report%20Fall%202023.pdf</a></p>
	Diversion programs are operational.	Phase 2, July 2021-June 2023	<ul style="list-style-type: none"> <li>Development and implementation of OCRP in the King region.</li> </ul>	<p>HCA and DSHS continue to meet with King County Superior, District, and Municipal court partners monthly to provide education and support around OCR and FN programming.</p> <p>The Phase 2 OCRP provider is providing transitional supported housing for several residents at the global leased property, where they can house up to six individuals. They are also providing Breaking Barriers competency restoration programming in the home. They plan to open a second OCRP transitional housing global leased property in February 2024.</p>
County transport of patients	Coordinate with counties to develop transport protocols.	Ongoing	<ul style="list-style-type: none"> <li>Ensure timely transport of patients to support delivery of competency services as directed in court order.</li> </ul>	No issues were raised during this reporting period concerning county transport of patients.
<b>Diversion Alternatives</b>				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment.	Diversion programs are operational.	Ongoing	<ul style="list-style-type: none"> <li>Prosecutor can dismiss criminal charges without prejudice &amp; refer to community-based mental health services.</li> </ul>	OFMHS liaison and diversion specialist continues to monitor the programs and provides technical assistance as needed to address barriers. The liaison and diversion specialist has engaged the programs with technical assistance, brainstorming ways to overcome challenges. DSHS continues exploring options for enhancement and expansion of these programs.

## FEB. 8, 2016 COURT ORDER STATUS REPORT/UPDATES

The status updates pursuant to the Feb. 8, 2016 Court Order are shown in the table below.

**Table 18.** Court Order Status Updates

Requirements	Date	Status	Progress Notes
<b>1. Implement a triage system to sort class members waiting for in-jail evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require<sup>1</sup>:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor.	Beginning April 15, 2016	Ongoing	<b>Refer to 3C. &amp; 4C. below.</b>
<b>2. Eliminate the backlog of class members currently waiting for in-jail evaluations<sup>2</sup>:</b>			
E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month <sup>3</sup> ).	April 15, 2016	Ongoing	Of the 494 jail-based evaluation orders signed in December 2023, approximately 380 were completed within 14 days, which is 77.0%. This number may increase as the data continue to mature.
<b>3. Implement a triage system to sort class members waiting for in-hospital evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to CM.	Beginning April 15, 2016	Ongoing	For additional information, review the Task column in Table 17 labeled "Explore and pursue triage system possibilities" on page 49.
<b>4. Implement a triage system to sort class members waiting for restoration services by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require:</b>			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to CM.	Beginning April 15, 2016	Ongoing	For additional information, review the Task column in Table 17 labeled: "Explore and pursue triage system possibilities" on page 49.

<sup>1</sup> By agreement with the Court Monitor, long completed requirements 1.A. & 1.B. were removed from *Table 18* beginning with the April 2020 report.

<sup>2</sup> By agreement with the Court Monitor, long completed requirements 2.A. & 2.B. were removed from *Table 18* beginning with the April 2020 report, and 2.C. & 2.D. were removed from *Table 18* beginning with the May 2020 report.

<sup>3</sup> Under a previously completed section of this order, requirement 2.C., a targeted objective to recruit forensic evaluators, was satisfied.



Requirements	Date	Status	Progress Notes
<b>5. Report on the implementation status of the CMS Plan of Correction:</b>			
<p>B. Reporting on the implementation status in Defendants’ monthly reports to the CM.</p>	<p>Beginning March 15, 2016</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 Nov. 2, 2017-July 2, 2018 and defense counsel shared it with Dr. Mauch on Nov. 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>WSH was resurveyed May 2018 and did not meet all the Conditions of Participation with CMS. WSH was decertified July 9, 2018. WSH continues to work using Functional Work Teams towards CMS certification. ESH remains accredited by The Joint Commission and CMS certified.</p> <p>The Legislature funded the new hospital in phases, which will be required to meet COPs for CMS certification. The detailed design phase is complete, and the project is in the demolition and construction design phases as of summer 2023.</p>
<b>6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS’s terms of participation is achieved in March:</b>			
<p>C. Reporting on the implementation status of the plan and timeframe in Defendants’ monthly reports to the CM.</p>	<p>Beginning April 15, 2016</p>	<p>Ongoing</p>	<p>DSHS entered into a second SIA with CMS. This agreement ran from Nov. 2, 2017-July 2, 2018 and defense counsel shared it with Dr. Mauch on Nov. 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>WSH was resurveyed May 2018 and did not meet all the COP with CMS. WSH was decertified July 9, 2018. WSH continues to work using FWTs towards CMS certification. PSHB Sec. 204 budgeted for the 30 beds at WSH and was completed prior to CMS decertification.</p>

<i>Requirements</i>	<i>Date</i>	<i>Status</i>	<i>Progress Notes</i>
<b>8. Remove barriers to the expenditure of the \$4.8 million in currently allocated diversion funds:</b>			
D. Executing contracts for implementation by the selected providers.	April 15, 2016	Complete	Prosecutorial diversion was funded for FY'24 effective July 1, 2023-June 30, 2024.
<b>10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system:</b>			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system. (The decision was to initiate new system development efforts.)	January 2020	Complete	Project governance has established a normal data / reporting meeting with RDA, OFMHS, and the project technical team.  Data errors now generate RDA errors reports that are sent to OFMHS key personnel. Workflow issues are directed to OFMHS for adoption and technical issues are reviewed by the technical team for design changes.

## JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

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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 15<sup>th</sup> 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 I, J, and K (if applicable);*
- (2) Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines; and*
- (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 Tables 11-14.*

## AUG. 15, 2016 ORDER MODIFYING PERMANENT INJUNCTION AS TO IN JAIL COMPETENCY EVALUATIONS

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*Pursuant to the August 15, 2016 Court Order, the department 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 Order, DSHS identified a need to revise both the current process used for seeking extensions from the criminal court as well as the data collected during that process. Since the August 15 Court Order, DSHS identified a series of necessary changes that will enable the department to comply with the Order, including 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; and*
- (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 FDS on Aug. 1, 2018. The system's design provided for data elements needed to report to the courts including implementation of the new forensic algorithm waitlist. Data was migrated from existing systems and provided the starting point for DSHS on Aug. 1. The project team continues to support FDS and its users to provide increased data granularity for reporting out of a new system.

The Forensic Advisory Committee meets semi-monthly and provides business process clarification and recommendations to the technical team. FAC also provides input during ongoing system optimization and future enhancements. Their recommendations are referred to the Governance Committee when appropriate. Governance meets at least monthly to monitor status, render final decisions on key topics, and prioritize future functionality ensuring that IT project work aligns with the needs of the Court and other stakeholders.

## APRIL 26, 2017 ORDER ADOPTING THE PARTIES’ MEDIATED SETTLEMENT AGREEMENT

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As indicated below, the April 26, 2017 order partially adopting the parties’ mediated Settlement Agreement, modified prior Court Orders regarding outreach, deadlines, and notification requirements specific to deadlines for evaluation and restoration services.

*Having reviewed the Joint Motion to Adopt the Mediated Settlement Agreement, Dkt. # 389, and discussed the proposed agreement with all Parties at the status hearings held on March 21, 2017 and April 18, 2017, the Court partially adopts the Agreement of the parties, and ORDERS that the prior orders of the Court are MODIFIED in the following manner:*

- (1) *Outreach: The Parties will jointly generate outreach documents to inform state courts of their statutory obligations to provide orders for competency services within twenty-four hours, as well as to inform the state courts of a summary of the Trueblood litigation and injunction. The Parties will jointly request the opportunity to present to Washington State judicial education programs and other outreach that the Parties jointly deem necessary to ensure third Parties are aware of their obligation to timely provide orders for competency services.*
- (2) *Deadline for in-jail evaluations: 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. Both sets of data will continue to be tracked in DSHS’ monthly reports.*
- (3) *Deadline for in-patient evaluation and restoration services: 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. Both sets of data will continue to be tracked in DSHS’ monthly reports.*
- (4) *Receipt of Order: When sent electronically, orders are deemed received as of the time they are electronically transmitted to the Department.*
- (5) *Trigger Point for Notice to Plaintiffs’ Counsel: If at any point in the future the percentage of orders received within 3 days of signature drops below the table 1 benchmarks for two consecutive months, the Parties shall meet and confer within 30 days to determine if there are factors within Defendants’ control that are causing delays in order transmission that can be changed and/or if there are factors beyond the Defendants’ direct control that the Parties can collaborate to influence in the direction of faster transmission of orders.*

**Table 1.** *Percentage trigger for orders received within 3 days of signature*

<b><i>Jail-based evaluation orders</i></b>	<b>93</b>
<b><i>Inpatient competency orders</i></b>	<b>85</b>

- (6) *Data Collection: Defendants will continue to track the data referenced in paragraphs 2, 3, and 5, above, and currently reflected in Appendix A of DSHS’ Monthly Reports. Additionally, when DSHS issues its monthly reports, it will simultaneously provide the data from Appendix A in Excel format to Plaintiffs.*

*The Court ORDERS that from this point forward, calculation of compliance with the Court's Injunction, Dkt. #131, calculation of compliance with the Modified Injunction as to In-jail Evaluations, Dkt. #303, calculation of contempt under the Order of Contempt, Dkt. #289, and any other aspect of the Court's prior rulings that are not consistent with the Agreement text set forth above, are MODIFIED to be in conformance with this Order.*

The enumerated orders above, especially numbers two, three, and five, can be viewed in data presented within the monthly *Trueblood* report or in data displayed in the appendices that follow. For item two, the applicable data can be reviewed in Appendix A, Tables 2, 5, 8. For item number three, the data can be viewed in Appendix A, Tables 3, 4a., 4b., 4c., 6, 7, 9, 10. Item number five's data is viewable in the non-numbered tables available in Appendix G.

## APPENDICES

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### **Appendices A-G: DATA TABLES; CLASS MEMBER EVALUATION/RESTORATION INFORMATION; CLASS MEMBER RESTORATION INFORMATION FOR THE CASCADE UNIT AND STEILACOOM UNIT PROGRAMS; OUTPATIENT COMPETENCY RESTORATION PROGRAM; AND PERCENT OF COURT ORDERS RECEIVED WITHIN THREE DAYS**

*This file is submitted with the DRAFT and FINAL reports and includes data tables as well as order received rate data.*

### **APPENDIX H: OUTLIERS AND DELAY COMMENTS**

*This file is submitted with the DRAFT and FINAL report and contains the Outlier data and delay comments.*

### **APPENDIX I: CALCULATION OF INPATIENT CONTEMPT FINES**

*This file is submitted with the FINAL report only and contains the calculation of inpatient contempt fines data.*

### **APPENDIX J: CALCULATION OF JAIL-BASED CONTEMPT FINES**

*This file is submitted with the FINAL report only and contains the calculation of in-jail contempt fines data.*

### **APPENDIX K: CALCULATION OF OUTPATIENT CONTEMPT FINES (IF APPLICABLE)**

*This file is submitted with the FINAL report only and contains the calculation of outpatient contempt fines data (Appendix K only appears in the report during months where outpatient contempt fines are accrued.).*

### **APPENDIX L: GOOD CAUSE EXCEPTIONS**

*This file is submitted with the FINAL report only and contains the good cause extension request data.*