

**REPORT TO THE LEGISLATURE**

**Timeliness of Services Related to  
Competency to Proceed or Stand Trial  
2018 Annual Report  
October 1, 2017 – September 30, 2018**

SSB 6492, Section 2(4)  
Chapter 256, Laws of 2012

December 21, 2018

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## BACKGROUND

Substitute Senate Bill (SSB) 6492 (Chapter 256, Laws of 2012), was enacted by the 2012 Legislature to improve the timeliness of competence evaluation and restoration services. In particular, Section 2(4)<sup>1</sup> of that law states the following:

*Beginning December 1, 2013, the department shall report annually to the legislature and the executive on the timeliness of services related to competency to proceed or stand trial and the timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. The report must be in a form that is accessible to the public and that breaks down performance by county.*

This 2018 annual report provides data on the timeliness of competence to stand trial services during the reporting period from 10/1/2017 through 9/30/2018. DSHS is making every effort to provide competency services within the State standards.

In April 2015, the U.S. District Court found that waiting times for competency to stand trial services violate the substantive due process rights of criminal defendants, and established 7 days as the maximum justifiable period of incarceration absent an individualized finding of good cause. DSHS appealed the 7-day evaluation deadline to the 9th Circuit Court of Appeals for in-custody evaluations only. The results of this appeal from the 9<sup>th</sup> Circuit Court of Appeals was for the in-custody evaluations to be completed within 14 days of court order signature.

In response, the Legislature appropriated funding to address the court's findings. With that funding DSHS:

- Acquired the services of a full-time professional recruiter from the DSHS Headquarters Human Resource Division (HQ HRD) Talent Acquisition group.
- Filled Leadership and Management positions for the BHA Office of Forensic Mental Health Services (OFMHS).
- Worked with Maple Lane project team to identify, recruit, assess and hire 24 Residential Rehabilitation Counselors, 13 Security Guards and 3 Maintenance Technicians. Maple Lane was staffed within five weeks and opened on schedule in April 2016.

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<sup>1</sup> Section 2 of that law, which was codified as RCW 10.77.068, established performance targets related to evaluating competence and offering restoration services. RCW 10.77.068 also defined the time period measured in these performance targets as the date on which the state hospital receives the court referral and charging documents, discovery, and criminal history information related to the defendant. RCW 10.77.068 was subsequently amended during the 2015 regular session by Section 1 of Substitute Senate Bill (SSB) 5889 (Chapter 5, Laws of 2015). That law retained the seven-day performance targets for completion of competency to stand trial (CST) services, and also established maximum time limits for the completion of those services, which are to be phased in over a one-year time period beginning July 1, 2015.

- Identified and assessed over sixty applicants for forensic evaluator and evaluator supervisor positions. Thirteen new forensic evaluators were hired.
- Finalized negotiations with CMS to enter a 13 month Systems Improvement Agreement (SIA) to allow Western State Hospital (WSH) the time and guidance needed to fix systemic operating problems and put more focus on patient treatment and overall safety.
- Implemented the WSH emergency hire project.
- Opened 54 competency restoration beds in the state's first two Competency Restoration Residential Treatment Facilities by July 2016.
- Opened 15 new forensic beds at WSH in April 2016 and 27 forensic beds at Eastern State Hospital (ESH) as of May 2016.

In Washington State, forensic mental health services are provided within heightened security facilities at two adult state psychiatric hospitals. By September 30, 2016, the Center for Forensic Services provided 284 forensic beds at WSH with 120 beds at WSH designated as pre-trial evaluation, restoration and forensic-to-civil conversion beds. The remaining forensic beds house individuals who were found not guilty by reason of insanity.

On September 30, 2016, the Forensic Services Unit at ESH had a total of 125 beds with 55 of those beds designated for pre-trial evaluation and treatment forensic beds. The remaining forensic beds were close to full capacity with individuals who were found not guilty by reason of insanity at this time.

In the spring of 2016, 54 total beds were opened in two residential treatment facilities providing restoration treatment. Thirty beds were opened at Maple Lane (Centralia, WA) and 24 beds were opened in Yakima. These additional beds were opened to help manage the State's waitlist for inpatient services.

## **COMPETENCY EVALUATION AND RESTORATION DATA**

RCW 10.77.068(1)(a)(i)(A) and (ii)(A), as amended by SSB 5889, establishes a performance target of seven days or less for the state hospitals to:

- 1) Extend an offer of admission to a defendant in pretrial custody for legally authorized treatment or evaluation services related to competency; or
- 2) Extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial.

RCW 10.77.068(1)(a)(iii)(A), as amended by SSB 5889, sets a performance expectation that competency evaluations for a defendant who is in jail will be completed and distributed within seven days or less.

RCW 10.77.068(1)(a)(iv), as amended by SSB 5889, sets a performance expectation that competency evaluations for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation will be completed and distributed within twenty-one days or less.

## DATA ANALYSIS AND DISCUSSION

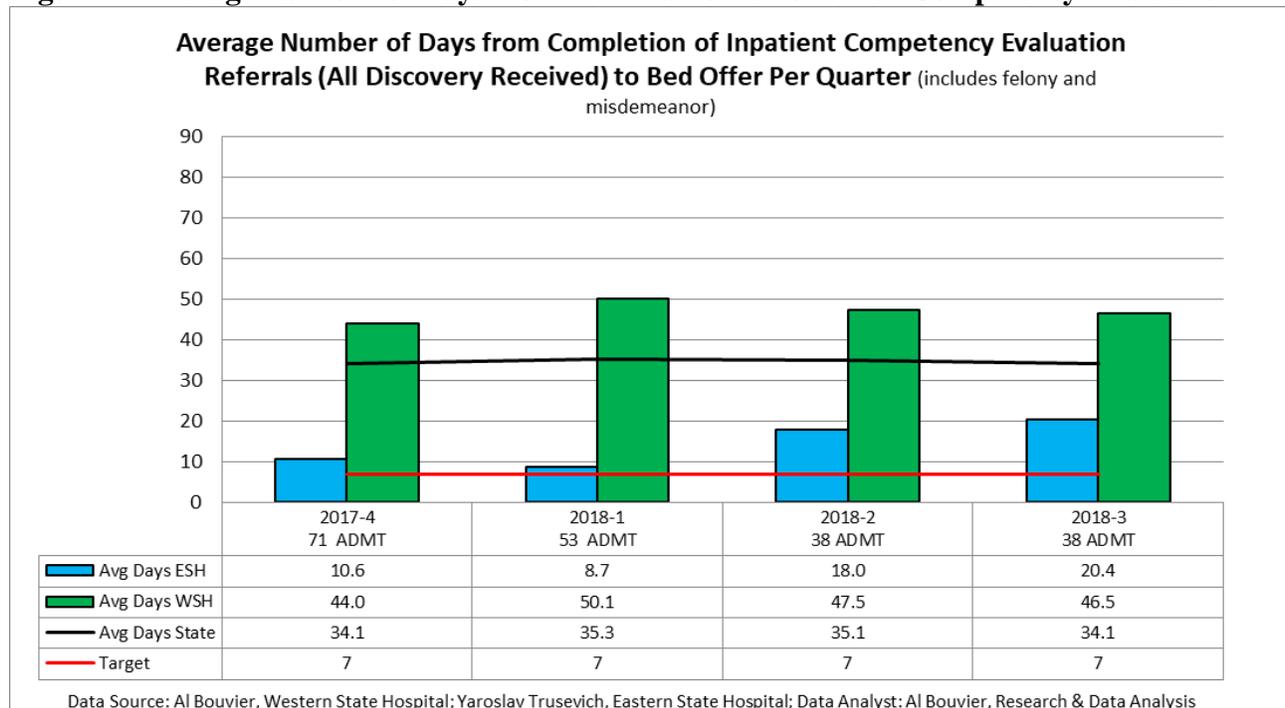
In this section, the report is organized in the following manner: (1) Statewide Forensic System Data, (2) County Forensic System Data, and (3) Actions Taken.

Additional detailed data and information about timely competency services is available in monthly reports published by the Department of Social and Health Services in compliance with requirements established in the April 2015 *Trueblood* court order. These reports are available at: <https://www.dshs.wa.gov/bha/trueblood-et-al-v-washington-state-dshs>

Please note that the data presented in this report differs slightly than in the *Trueblood* reports because the statute begins the count for timely service at the date of receipt of Discovery, while the *Trueblood* order begins the count at the date the court order for services is signed.

### SECTION 1: STATEWIDE FORENSIC SYSTEM DATA

**Figure 1: Average Number of Days from Referral to Bed offer for Competency Evaluation**



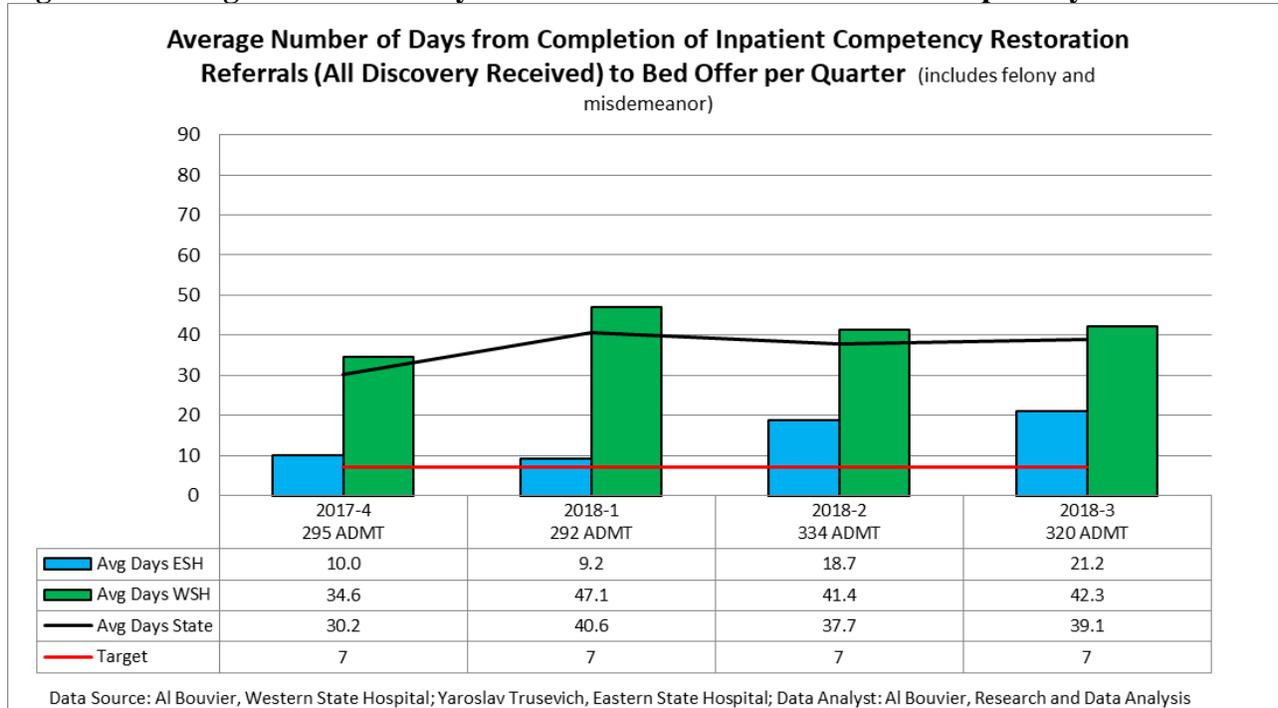
**Data Notes:**

- 1) Due to limitations of the data system at Eastern State Hospital, some previous quarters may have included both competency and non-competency referrals.
- 2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from data pulled subsequently from the system due to updated data.

- **Figure 1.** These are the wait times related to hospital admission for inpatient competency evaluations (including PR’s (defendants released on Personal Recognizance)).
- **Outcomes:** During the reporting period WSH experienced a fluctuation in average wait times that remained mostly flat from Q4 2017 to Q3 2018, while ESH experienced an upward trend, doubling over the reporting period.
- **Drivers:** The two predominant drivers here are backlog build-up and seasonality. The backlog effect

is the phenomenon of referrals usually outnumbering admissions, month by month, creating a steady accumulation of people on the waitlist, which increases average wait time. Seasonality is something we see reflected in referrals increasing going from winter into spring and summer.

**Figure 2: Average Number of Days from Referral to Bed Offer for Competency Restoration**

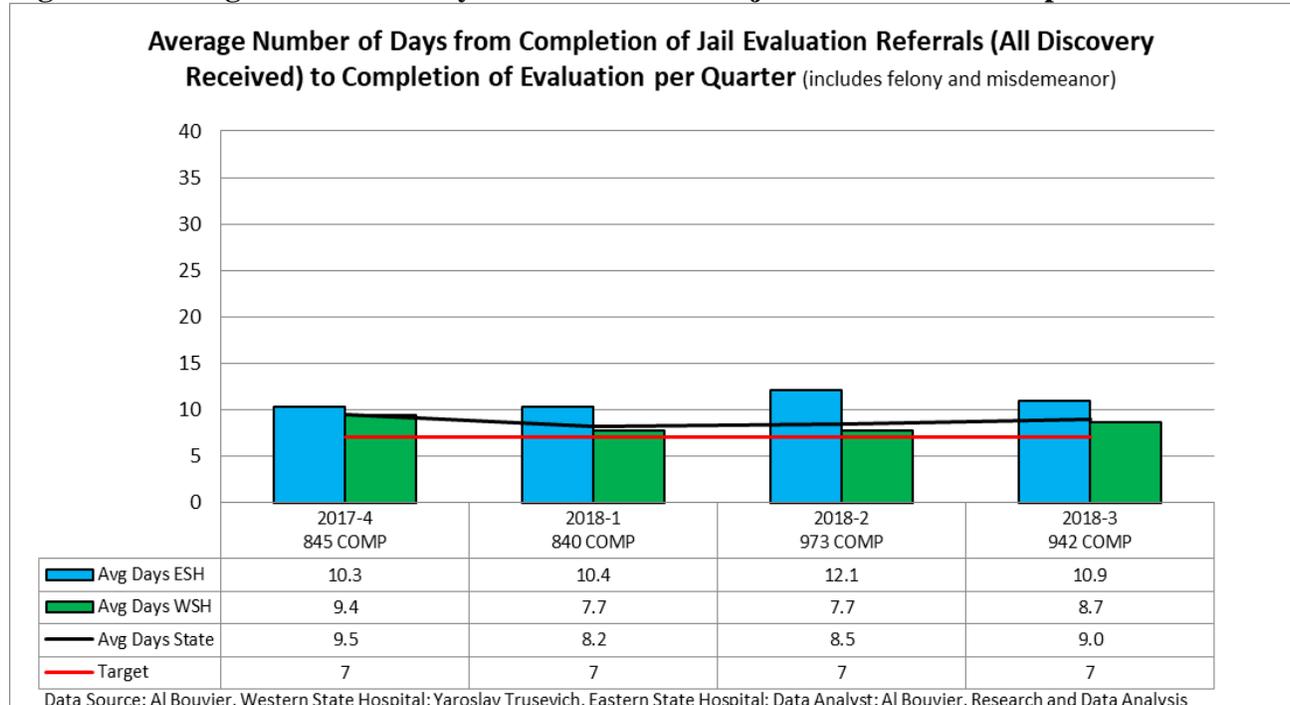


Data Notes:

1) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from data pulled subsequently from the system due to updated data.

- **Figure 2.** These are the wait times related to hospital admission for inpatient competency restoration treatment (including PR’s).
- **Outcomes:** During the reporting period WSH saw an increase in average wait times of 7.7 days while ESH saw its wait times more than double.
- **Drivers:** The factors driving the numbers here are much like those from Figure 1, above. Backlog build-up and seasonality are again in play; with the added pressure of lack of available restoration beds for those waiting for admission. Additionally, restoration beds will also have longer lengths of stay compared to evaluations so there is less throughput for these beds.

**Figure 3: Average Number of Days from referral of in jail evaluation to completion**

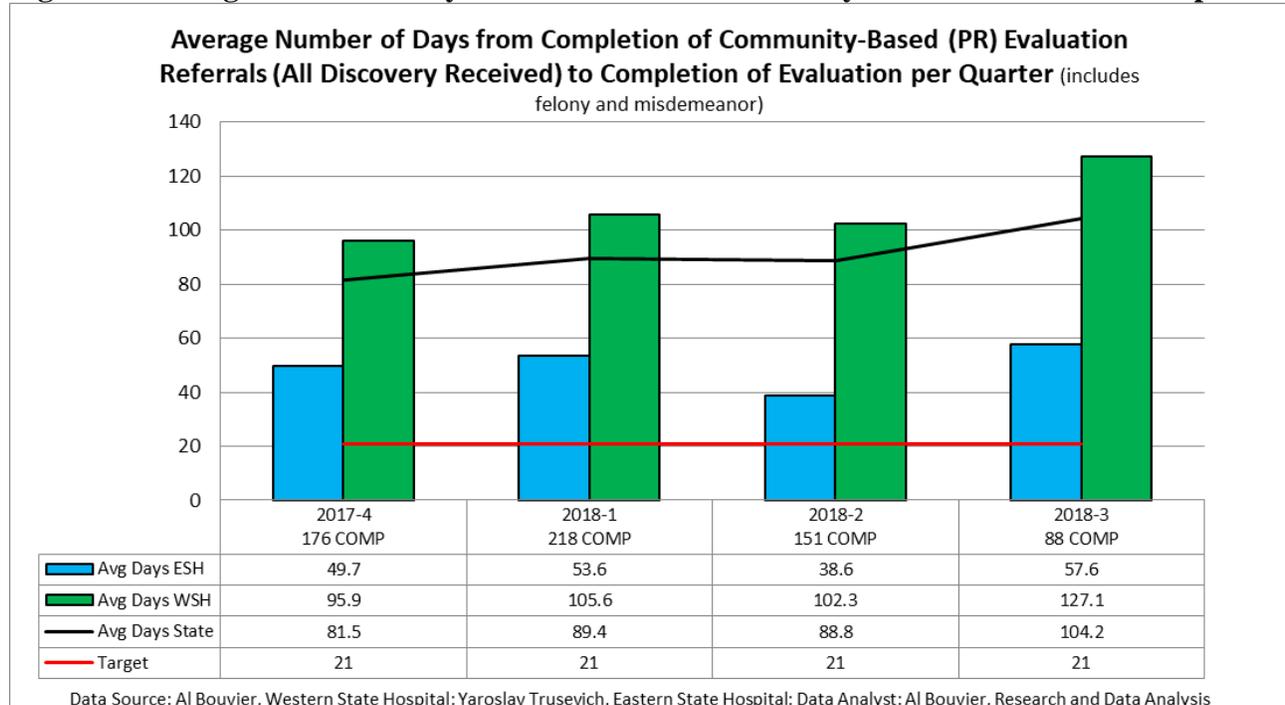


Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, some previous quarters may have included both competency and non-competency referrals.
- 2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from data pulled subsequently from the system due to updated data.

- **Figure 3.** These are the number of days to complete jail (in-custody) evaluation referrals.
- **Outcomes:** WSH experienced mild fluctuation in completion times, with a decrease in the average time for completion of jail-based evaluation of .7 days from Q4 2017 to Q3 2018. ESH also experienced a mild fluctuation in completion times, with an increase of just .6 days.
- **Drivers:** The performance numbers here remain strong; while the statutory target is 7 days, both WSH and ESH are well within the 14 day target demanded by the *Trueblood* Court. This success has been realized due to the hard work of forensic evaluators and key staff added to the OFMHS over the past 3 years. Continued utilization of technology, and development of relationships with jail staff, have also contributed to this continued success.

**Figure 4: Average number of days from referral of community based evaluation to completion**



Data Notes:

- 1) Due to limitations of the data system at Eastern State Hospital, some previous quarters may have included both competency and non-competency referrals.
- 2) Data in this graph is a snapshot that was provided after the completion of the quarter. Due to the dynamic data system, data in this graph may vary slightly from data pulled subsequently from the system due to updated data.

- **Figure 4.** These are the completion times related to Community based (Personal Recognizance; PR) competency evaluation referrals.
- **Outcomes:** During the reporting period, WSH experienced an increase in completion times for community-based evaluation referrals of 31.2 days, while ESH had an increase of 7.9 days. Both hospitals saw fluctuation of both total referrals and completion times within the reporting period. Statewide completion times rose accordingly over the course of the reporting period as well; well above the target 21 days.
- **Drivers:** Two primary drivers here are evaluator capacity and the fact that PR clients are not *Trueblood* Class Members. Because these clients are not Class Members, evaluator capacity is often focused on meeting timeline requirements of the *Trueblood* Court. Add to that the fact that this group of clients very often cannot be located, or do not show up for appointments, the performance numbers are negatively impacted by realities outside the control of DSHS/OFMHS.

## SECTION 2: COUNTY FORENSIC SYSTEM DATA

### COUNTY LEVEL RESULTS

SSB 6492 established a requirement that the department annually report “...*timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. The report must be in a form that is accessible to the public and that breaks down performance by county.*”

Tables 1 through 4 below provide this information.

**Table 1.** Describes the number of days counties took to complete a referral for inpatient competency services, from the time the order was signed to the time the county forwarded all documents necessary for a complete referral.

Number of Inpatient Competency Evaluation and Restoration Orders Received and Average Number of Days from Order Signature to Completion of Referral (All Discovery Received) By County, Hospital, and Order Type												
10/1/2017 - 9/30/2018												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS	
	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral
ADAMS					3	5.3	3	1.3	3	5.3	3	1.3
ASOTIN					3	1.0	2	0.5	3	1.0	2	0.5
BENTON					10	0.6	18	6.7	10	0.6	18	6.7
CHELAN					3	0.3	20	2.3	3	0.3	20	2.3
CLALLAM	2	0.0	26	0.8					2	0.0	26	0.8
CLARK	7	0.3	98	1.7					7	0.3	99	1.9
COLUMBIA												
COWLITZ	2	2.0	25	0.6					2	2.0	25	0.6
DOUGLAS					2	2.0	2	0.5	2	2.0	2	0.5
FERRY					2	8.5	2	0.5	2	8.5	2	0.5
FRANKLIN					6	1.5	20	0.3	6	1.5	20	0.3
GARFIELD												
GRANT					3	1.3	7	2.4	3	1.3	7	2.4
GRAYS HARBOR	2	0.5	30	5.7					2	0.5	30	5.7
ISLAND	3	3.0	13	3.2					3	3.0	13	3.2
JEFFERSON			6	0.0							6	0.0
KING	43	1.5	348	0.7			4	53.3	43	1.5	352	1.3
KITSAP	6	0.3	83	0.4					6	0.3	83	0.4
KITTITAS					3	0.3	1	0.0	3	0.3	1	0.0
KLUCKITAT					2	7.5	3	1.3	2	7.5	3	1.3
LEWIS	1	1.0	37	0.7			1	15.0	1	1.0	38	1.1
LINCOLN					1	1.0	3	5.3	1	1.0	3	5.3
MASON	4	10.3	30	3.1					4	10.3	30	3.1
OKANOGAN					7	1.0	14	23.6	7	1.0	14	23.6
PACIFIC	1	3.0	5	2.4					1	3.0	5	2.4
PEND OREILLE					1	2.0	1	0.0	1	2.0	1	0.0
PIERCE	61	3.6	305	1.9			1	15.0	61	3.6	306	1.9
SAN JUAN												
SKAGIT	1	1.0	31	0.3					1	1.0	31	0.3
SKAMANIA	1	0.0							1	0.0		
SNOHOMISH	4	0.0	78	0.2					4	0.0	78	0.2
SPOKANE					26	1.2	66	0.8	26	1.2	66	0.8
STEVENS					4	0.5	6	5.0	4	0.5	6	5.0
THURSTON	3	0.0	113	3.2					3	0.0	113	3.2
WAHIAKUM			2	0.5							2	0.5
WALLA WALLA					1	0.0	7	1.9	1	0.0	7	1.9
WHATCOM	8	0.1	49	0.1	3	0.0	2	0.5	11	0.1	51	0.1
WHITMAN							2	3.5			2	3.5
YAKIMA					21	3.4	40	0.3	21	3.4	40	0.3
TOTAL	149	2.35	1,279	1.41	101	1.88	226	4.07	250	2.2	1,505	1.8

Data Note:  
 1) Due to limitations of the data system at Eastern State Hospital, referrals reported here that were closed or withdrawn may include a small number of non-competency referrals.  
 2) The average across counties for both hospitals is a weighted average and is based on reported averages only.

- **Outcomes:** During this reporting period, counties in the WSH catchment area took 2.35 and 1.41 days (for evaluation referrals and restoration referrals, respectively) to get completed referral packets to WSH. Counties in the ESH catchment area took 1.88 and 4.07 days respectively. These numbers have fluctuated over the past three reporting cycles, but do show improvement overall.
- **Drivers:** This improvement is attributed to the OFMHS Liaison and Admissions Coordinator and hospital staff working with counties to streamline this process.

**Table 2.** Describes the delay between the hospital receiving a complete referral and offering admission.

Number of Inpatient Competency Evaluation and Restoration Admission Bed Offers Made and Average Number of Days from Completion of Referral (All Discovery Received) to Bed Offer By County, Hospital, and Order Type Target: 7 Days 10/1/2017 - 9/30/2018												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS	
	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer	# Beds Offered	Average Days to Bed Offer
ADAMS					2	17.0	3	9.0	2	17.0	3	9.0
ASOTIN					3	9.7	2	16.5	3	9.7	2	16.5
BENTON					7	11.7	18	20.6	7	11.7	18	20.6
CHELAM					3	13.7	22	17.1	3	13.7	22	17.1
CLALLAM	2	40.5	21	44.0					2	40.5	21	44.0
CLARK	4	53.0	72	57.0			1	14.0	4	53.0	73	56.5
COLUMBIA												
COWLITZ	1	24.0	22	58.7					1	24.0	22	58.7
DOUGLAS					2	5.5	3	20.3	2	5.5	3	20.3
FERRY					1	8.0	2	11.5	1	8.0	2	11.5
FRANKLIN					7	12.4	16	18.3	7	12.4	16	18.3
GARFIELD												
GRANT					3	15.7	5	9.4	3	15.7	5	9.4
GRAYS HARBOR	1	20.0	28	31.9					1	20.0	28	31.9
ISLAND	1	59.0	12	14.5					1	59.0	12	14.5
JEFFERSON			6	46.3							6	46.3
KING	42	51.5	285	38.0			3	4.7	42	51.5	288	37.6
KITSAP	2	48.0	63	43.1					2	48.0	63	43.1
KITITIAS					1	13.0	1	14.0	1	13.0	1	14.0
KLICKITAT					1	16.0	3	60.3	1	16.0	3	60.3
LEWIS			33	46.4			1	6.0			34	45.2
LINCOLN					1	20.0	2	18.0	1	20.0	2	18.0
MASON	2	40.0	25	30.2					2	40.0	25	30.2
OKANOGAN					5	14.4	14	9.8	5	14.4	14	9.8
PACIFIC	1	8.0	8	61.6					1	8.0	8	61.6
PEND OREILLE							2	19.5			2	19.5
PIERCE	59	43.3	260	42.5					59	43.3	260	42.5
SAN JUAN												
SKAGIT			25	54.7							25	54.7
SKAMANIA	1	6.0							1	6.0		
SNOHOMISH	3	63.0	57	47.9			1	22.0	3	63.0	58	47.4
SPOKANE					17	14.4	62	15.0	17	14.4	62	15.0
STEVENS					2	16.0	6	41.0	2	16.0	6	41.0
THURSTON	2	59.5	102	45.1					2	59.5	102	45.1
WAHIAKUM	1	63.0	2	73.5					1	63.0	2	73.5
WALLA WALLA					1	7.0	6	17.7	1	7.0	6	17.7
WHATCOM	6	57.7	38	45.2	2	14.5	2	14.0	8	46.9	40	43.6
WHITMAN							2	8.5			2	8.5
YAKIMA					20	17.8	40	13.0	20	17.8	40	13.0
TOTAL	128	47.03	1,059	43.06	78	14.46	217	16.31	206	34.70	1,276	38.51

Data Note:  
1) The average across counties for both hospitals is a weighted average and is based on reported averages only.

- **Outcomes:** For this period, counties in the WSH catchment area had wait times 47.03 days for evaluation beds and 43.06 days for restoration beds. Counties in the ESH catchment area had wait times of 14.46 days for evaluation beds and 16.31 days for restoration beds.
- **Drivers:** With the ongoing issue of lack of bed capacity at WSH, resulting in the backlog build up, wait times have continued to increase at WSH. ESH wait times have also increased this reporting cycle.

**Table 3.** Describes the number of days counties took to complete a referral for outpatient (jail-based and PR) competency services from the time the order was signed to the time the county forwarded all documents necessary for a complete referral. The data in this table is further broken down as to whether the defendant was in custody (labeled as Jail) or was in the community (labeled as PR).

Number of Outpatient Competency Evaluation Orders Received and Average Number of Days from Order Signature to Completion of Referral (All Discovery Received) By County, Hospital, and Order Type												
10/1/2017 - 9/30/2018												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	JAIL		PR		JAIL		PR		JAIL		PR	
	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral	# Referrals Received	Average Days to Completed Referral
ADAMS					9	2.2	3	10.3	9	2.2	3	10.3
ASOTIN					5	2.4	1	0.0	5	2.4	1	0.0
BENTON					93	1.0	81	1.2	93	1.0	81	1.2
CHELAN					58	2.2	26	2.9	58	2.2	26	2.9
CLALLAM	60	0.8	8	0.6					60	0.8	8	0.6
CLARK	231	0.3	68	0.8					231	0.3	68	0.8
COLUMBIA							1	1.0			1	1.0
COWLITZ	42	0.6	21	0.6					42	0.6	21	0.6
DOUGLAS	1	0.0	0		6	2.0			7	1.7		
FERRY					3	1.3	1	2.0	3	1.3	1	2.0
FRANKLIN					81	0.9	20	4.0	81	0.9	20	4.0
GARFIELD												
GRANT			1	122.0	16	1.3	11	3.0	16	1.3	12	12.9
GRAYS HARBOR	79	1.0	10	7.3					79	1.0	10	7.3
ISLAND	16	2.9	7	4.7					16	2.9	7	4.7
JEFFERSON	11	0.0	3	0.7					11	0.0	3	0.7
KING	1352	0.5	446	2.1	1	5.0	1	0.0	1353	0.5	447	2.1
KITSAP	172	0.5	45	0.8					172	0.5	45	0.8
KITITIAS					11	5.2	6	1.8	11	5.2	6	1.8
KLICKITAT					6	2.3	3	5.7	6	2.3	3	5.7
LEWIS	68	0.7	18	0.6					68	0.7	18	0.6
LINCOLN					6	3.3	1	1.0	6	3.3	1	1.0
MASON	48	1.8	24	0.9					48	1.8	24	0.9
OKANOGAN					27	1.7	21	0.6	27	1.7	21	0.6
PACIFIC	16	2.9	8	3.6			1	0.0	16	2.9	9	3.2
PEND OREILLE	1	0.0			4	0.3	1	0.0	5	0.2	1	0.0
PIERCE	431	0.7	126	1.8					431	0.7	126	1.8
SAN JUAN												
SKAGIT	58	0.7	31	0.9					58	0.7	31	0.9
SKAMANIA	1	0.0							1	0.0		
SNOHOMISH	284	0.6	90	10.8					284	0.6	90	10.8
SPOKANE					239	1.7	125	2.4	239	1.7	125	2.4
STEVENS					9	0.4	5	0.8	9	0.4	5	0.8
THURSTON	188	1.3	68	2.3					188	1.3	68	2.3
WAHKIAKUM	3	0.0							3	0.0		
WALLA WALLA					16	3.3	6	10.3	16	3.3	6	10.3
WHATCOM	92	0.9	21	3.5	21	1.6	1	4.0	113	1.0	22	3.5
WHITMAN					2	1.5	2	2.5	2	1.5	2	2.5
YAKIMA	1	0.0			137	1.8	62	3.6	138	1.8	62	3.6
TOTAL	3,155	0.66	995	2.81	750	1.67	379	2.54	3,905	0.86	1,374	2.74

Data Note:  
 1) Due to limitations of the data system at Eastern State Hospital, referrals reported here that were closed or withdrawn may include non-competency referrals.  
 2) The average across counties for both hospitals is a weighted average and is based on reported averages only.

- **Outcomes:** Counties in the WSH catchment area took, on average, .66 days to complete a jail-based referral, and 2.81 days to complete a PR referral. Counties in the ESH catchment area took, on average, 1.67 days to complete a jail-based referral, and 2.54 days to complete a PR referral.
- **Drivers:** This data is largely unchanged from the 2017 reporting period for WSH (.99 days and 2.88 days, respectively). ESH saw a slight increase in referral times (1.56 days and 3.95 days, respectively). However, these completion times are much better than 2015 and 2016; illustrating a trend of improvement. This improvement is the result of continued development of relationships between the hospitals and referring courts.

**Table 4.** Describes the delay between receiving a complete referral for outpatient evaluation and the date the evaluation was completed. The data in this table is further broken down as to whether the defendant was in custody (labeled as Jail) or was in the community (labeled as PR).

Number of Outpatient Competency Evaluation Reports Completed (Faxed) and Average Number of Days from Completion of Referral (All Discovery Received) to Service Provision By County, Hospital, and Order Type Target: 7 Days for Jail, 21 Days for PR 10/1/2017 - 9/30/2018												
COUNTY	WESTERN STATE HOSPITAL				EASTERN STATE HOSPITAL				TOTAL			
	JAIL		PR		JAIL		PR		JAIL		PR	
	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax	# Reports Faxed	Average Days to Fax
ADAMS					7	11.3	2	79.5	7	11.3	2	79.5
ASOTIN					3	9.0			3	9.0		
BENTON					79	12.4	58	60.6	79	12.4	58	60.6
CHELAN					53	10.9	21	42.4	53	10.9	21	42.4
CLALLAM	51	10.0	1	70.0					51	10.0	1	70.0
CLARK	223	7.8	49	60.4					223	7.8	49	60.4
COLUMBIA							1	20.0			1	20.0
COWLITZ	38	8.4	13	115.4					38	8.4	13	115.4
DOUGLAS	1	9.0	0		5	12.6			6	12.0		
FERRY					3	10.7			3	10.7		
FRANKLIN					66	10.6	13	50.2	66	10.6	13	50.2
GARFIELD												
GRANT			1	89.0	14	9.7	9	56.9	14	9.7	10	60.1
GRAYS HARBOR	75	7.6	6	109.0					75	7.6	6	109.0
ISLAND	14	7.4	4	95.5					14	7.4	4	95.5
JEFFERSON	10	11.2	2	104.0					10	11.2	2	104.0
KING	1300	7.9	170	92.1	1	15.0			1301	7.9	170	92.1
KITSAP	157	10.0	11	108.1					157	10.0	11	108.1
KITTITAS					9	12.4	5	51.6	9	12.4	5	51.6
KLICKITAT					5	14.0			5	14.0		
LEWIS	67	8.1	11	134.8					67	8.1	11	134.8
LINCOLN					6	10.7	2	65.0	6	10.7	2	65.0
MASON	47	6.6	11	82.0					47	6.6	11	82.0
OKANOGAN					24	11.0	14	54.4	24	11.0	14	54.4
PACIFIC	14	6.4	2	166.5			1	18.0	14	6.4	3	117.0
PEND OREILLE	1	8.0			4	8.0	1	30.0	5	8.0	1	30.0
PIERCE	403	7.7	44	160.0					403	7.7	44	160.0
SAN JUAN												
SKAGIT	53	9.3	11	163.8					53	9.3	11	163.8
SKAMANIA	1	12.0							1	12.0		
SNOHOMISH	263	9.0	62	98.3					263	9.0	62	98.3
SPOKANE					205	11.2	86	49.4	205	11.2	86	49.4
STEVENS			1	189.0	7	14.0	3	44.0	7	14.0	4	80.3
THURSTON	181	6.6	35	137.7					181	6.6	35	137.7
WAHKIAKUM	2	9.0							2	9.0		
WALLA WALLA					12	9.7	8	52.4	12	9.7	8	52.4
WHATCOM	87	9.7	9	106.1	21	11.4	1	9.0	108	10.0	10	96.4
WHITMAN					2	15.0	2	26.0	2	15.0	2	26.0
YAKIMA					115	11.8	42	55.5	115	11.8	42	55.5
TOTAL	2988	8.09	443	104.56	641	11.38	269	52.53	3,629	8.67	712	84.90

Data Note:  
1) The average across counties for both hospitals is a weighted average and is based on reported averages only.

- **Outcomes:** WSH took, on average, 8.09 days to complete a jail-based evaluation (as compared to 12.13 days in the 2017 reporting period) and 104.56 days to complete a PR evaluation (as compared to 85.66 days in 2017). ESH took, on average, 11.38 days to complete a jail-based evaluation (as compared to 11.75 days in the 2017 reporting period) and 52.53 days to complete a PR evaluation (as compared to 46.95 days in 2017).
- **Drivers:** The timeframes at WSH decreased in comparison to the previous reporting period, whereas the timeframes at ESH saw improvement with regard to jail-based evaluations, but a worsening of performance with regard to PR evaluations. As previously discussed above, PR evaluations are fraught with potential delays; most notably, the inability to locate clients and clients not showing up for appointments.

### **SECTION 3: ACTIONS TAKEN**

DSHS submitted a Long-Term Plan to the Court in July, 2015 which outlines DSHS' plans for coming into compliance with the timelines established in the *Trueblood* decision. On February 8, 2016, the Court issued an order modifying the original April 2, 2015 order, providing a new timeline requiring full compliance as of May 27, 2016. Pursuant to the Court's February 8, 2016 order, DSHS revised the long-term plan and submitted this plan to the Court on May 6, 2016.

The Long Term plan can be found by visiting:

<https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/Trueblood/2016Trueblood/Combined-Long-Term-Plan-2016-05-06.pdf>.

The Office of Forensic Mental Health Services (OFMHS) is responsible for the leadership and management of Washington's forensic mental health care system, and is addressing the increase in demand for mental health services for adults and youth in the criminal justice system. The OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity (NGRI) treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. The OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of forensic mental health services; data management and resource allocation; training and certification of evaluators; quality monitoring and reporting.

The OFMHS works in collaboration with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal justice system. Significant public resources have been invested in providing the high quality and empirically supported services of the OFMHS.

Three major goals for OFMHS during this period were 1) building workforce, 2) expanding bed capacity, and 3) decreasing demand for competency services.

Below are the key actions that occurred during this period to decrease wait times.

### 1. Workforce

During the reporting period, continuing training for evaluators took place and OFMHS will continue to track the impacts of additional evaluation capacity on timeliness for competency evaluations and admission into restoration beds. The competency restoration programming (Breaking Barriers) has been updated/revised and training will continue to occur at all sites to help with the early referral process (as this will help increase the turnover in bed use thereby allowing the Department to serve more individuals and work toward compliance).

### 2. Capacity

During previous reporting periods, 104 new beds were opened including 27 beds at ESH, 15 beds at WSH, and 54 beds at two temporary alternate competency restoration sites. The Department is also working to complete the renovation of Building 27 at WSH, which will add 30 new restoration beds. The Department hopes these renovations will be completed by May 1, 2019.

### 3. Demand

DSHS completed its work toward building an integrated Forensic Data system to include consistent data entry and tracking of all class members from creation of court order for competency evaluation through completion of evaluation and/or restoration services. The new system went live on August 1, 2018 and will provide evaluators the ability to access discovery documents; regardless of location, to reduce delays. It will also provide a platform for quality reporting from a single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.

Mobile equipment (laptops, phones) has been deployed to evaluators in addition to microphones for use with dictation software (Dragon). The use of a Virtual Private Network (VPN) by the evaluators as they travel has been positively received. Reports from the field confirm it is a much more efficient method for submitting and reviewing dictation and editing work, and that access to VPN reduces the turnaround time on reports.

Additionally, the OFMHS Liaison & Diversion Specialist is working with community and county service providers in an attempt to create increased use of diversion throughout the State that will allow for more potential clients to be diverted into community-based treatment.

OFMHS is also looking at potential statutory changes that may reduce the demand on existing systems as well.

## **NEXT STEPS**

Future reports will provide continued progress reporting on efforts focused on three main areas as it relates to compliance: 1) continued expansion of bed capacity, 2) continued workforce development, and 3) decreasing demand for competency services.

A key area for OFMHS work is to identify and develop with community stakeholders programs to reduce the demand of competency services. The desired outcomes will reduce competency evaluation referrals by liaising with prosecutor's offices, pre-trial services and jails. Assessment and referral services, care management, medication management and monitoring, and intensive supports will all factor into these programs as well.

Additionally, preliminary approval has been granted, by the United States District Court for the Western District of Washington, in the *Trueblood* case, for an agreed settlement between DSHS and plaintiff's counsel. Final approval for this settlement is expected on December 11, 2018.

## **SUMMARY**

The Department will continue to work on meeting compliance standards set out by the Court and Legislature. The Department and OFMHS continue to work on what impacts can be made with regard to 1) decreasing demand (referrals), 2) increasing bed capacity, 3) increasing throughput (quicker turnover in hospitals), and 4) managing in-custody evaluations to reduce barriers so compliance can be reached.