

**REPORT TO THE LEGISLATURE**

**Forensic Admissions and Evaluations-Performance Targets 2024  
Second Quarter (April 1, 2024-June 30, 2024)**

Substitute Senate Bill 6492, Section 2 (Chapter 256, Laws of 2012)  
As amended by Substitute Senate Bill 5889, Section 1 (Chapter 5, Laws of 2015)  
As further amended by Second Substitute Senate Bill 5664, Section 3  
(Chapter 288, Laws of 2022; partial veto) RCW 10.77.068(7)

October 15, 2024

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## **BACKGROUND**

On May 1, 2012, Substitute Senate Bill 6492 added a section to chapter 10.77 RCW that established performance targets for the “timeliness of the completion of accurate and reliable evaluations of competency to stand trial and admissions for inpatient restoration services related to competency to proceed or stand trial for adult criminal defendants.” These targets were codified under RCW 10.77.068 and phased in over six months to one year.

After full implementation of each performance target, the bill required the Department of Social and Health Services to report to the executive and the legislature following any quarter in which it does not meet the performance target. This reporting must address (1) the extent of the deviation, and (2) any corrective action being taken to improve performance.

On July 24, 2015, SSB 5889 amended RCW 10.77.068. The bill retained the performance targets for competency services but added to these a set of “maximum time limits” phased in over one year. After full implementation of the maximum time limits, SSB 5889 required DSHS to report to the executive and the legislature following any quarter in which it does not meet each performance target or maximum time limit.

On June 9, 2022, 2SSB 5664 further amended RCW 10.77.068. The bill made minor changes to the authorizing section for this report, moving it from RCW 10.77.068(3) to .068(7), it added a reference to a second subsection of performance targets, it cleaned up other minor language usage, and it removed an old implementation requirement that no longer applies. The 2022 statutory text requiring this quarterly report from RCW 10.77.068(7) follows:

*(7) Following any quarter in which a state hospital has failed to meet one or more of the performance targets or maximum time limits under subsection (1) or (2) of this section, the department shall report to the executive and the legislature the extent of this deviation and describe any corrective action being taken to improve performance. This report shall be made publicly available. An average may be used to determine timeliness under this subsection.*

### **Competency Evaluation and Restoration Data**

In addition to the minor changes to the statutory subsection authorizing this report, which were described above, 2SSB 5664 also made substantial changes to the performance targets and maximum time limits this report communicates when the department fails to meet one or more statutory requirements. Most of these changes, bring state requirements into much closer alignment with our federal requirements under the Trueblood Contempt Settlement Agreement.

RCW 10.77.068 was originally enacted in 2012 as SSB 6492. It was amended by SSB 5889 in 2015 and further amended by 2SSB 5664 in 2022. Below are the current performance targets and maximums detailed in the 2022 version of RCW 10.77.068, which took effect on June 9, 2022:

*(1)(a) The legislature establishes a performance target of seven days or fewer to extend an offer of admission to a defendant in pretrial custody for*

*inpatient competency evaluation or inpatient competency restoration services, when access to the services is legally authorized.*

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(a) listed above.

*(2)(a) A maximum time limit of seven days as measured from the department's receipt of the court order, or a maximum time limit of 14 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(a) of this section.*

The series of subsections below establish performance targets and maximums for jail-based evaluations and civil conversion cases:

*(1)(b) The legislature establishes a performance target of 14 days or fewer for the following services related to competency to stand trial, when access to the services is legally authorized:*

*(1)(b)(i) To complete a competency evaluation in jail and distribute the evaluation report; and*

*(1)(b)(ii) To extend an offer of admission to a defendant ordered to be committed to a state hospital following dismissal of charges based on incompetency to stand trial under RCW 10.77.086.*

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(b)(i)-(ii) listed immediately above.

*(2)(b) A maximum time limit of 14 days as measured from the department's receipt of the court order, or a maximum time limit of 21 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(b) of this section.*

The final subsection below provides a performance target for personal recognizance evaluations:

*(1)(c) The legislature establishes a performance target of 21 days or fewer to complete a competency evaluation in the community and distribute the evaluation report.*

As mandated by RCW 10.77.068(7), the following quarterly report explains the extent to which the state hospitals deviated from performance targets in quarter two of 2024 (April 1, 2024-June 30, 2024) and describes the plans to meet these performance targets in future quarters.

## **DATA ANALYSIS AND DISCUSSION**

This section of the report provides visual representation of data from the Forensic Data System dating back to Q4 2018 as well as outcomes and drivers analysis for more recent data. Additional detailed data and information about timely competency services is available in monthly reports published by DSHS in compliance with requirements established in the April 2015 Trueblood court order. These reports are available on the Office of Forensic Mental Health Services website at [monthly Court Monitor reports](#).

### **Competency Services Order Data for Client In-Jail or In the Community Status Begin Date**

Beginning on page seven, the initial data section presents, Tables 1a-8b and Figures 1a-8b, which show competency services order data. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Inpatient competency evaluation orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Inpatient civil conversion orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Outpatient competency evaluation orders (reports sent to court or all completed orders) – waiting in-jail/in the community.

The tables further categorize the data and then group it by WSH, ESH, and both hospitals combined (statewide) when the client competency services order originates while the client is either waiting in-jail or waiting in the community for services.

### **Guidance on Navigating and Interpreting the Data Charts**

Q3 2022 was the first full quarter that 2SSB 5664's updated performance targets and maximum standards were in effect. The department's Research and Data Analysis unit has used the new law standards for all data displayed in this report, historic and present. If you wish to review data from Q2 2022 or earlier calculated under previous legal standards, you can review previous reports at the [Reports to the Legislature webpage](#).

A companion figure accompanies each data table in this report. The tables present numeric data across several categories consistent with each table's title. Likewise, the companion figures present a subset of data from their corresponding table visually. First, the table presents its data followed by the companion figure. After the corresponding table and figure display their data, discussion and analysis covering outcomes and drivers of the just presented data follow.

The data is dynamic, and the most recent quarter's initial results generally will continue to change and become more reliable over time as the data matures. Likewise, due to the Trueblood lawsuit, case prioritization, civil conversion cases, triage cases, periodic lengthy wait times and other

considerations, many cases take more than one quarter to be resolved, and as a result will not show as completed cases in the data until the quarter in which the case is resolved.

Several tables are based on only a few clients utilizing the legal authority each quarter. As a result, changes in the results of very few cases, from quarter-to-quarter, result in significant data fluctuations. Where possible, this is noted in the analysis.

Following each data table, especially Tables 1a-8b, you will find several data notes corresponding to data variables or other important information in the tables. The notes vary quite a bit from table-to-table. Please be advised that it is important to review all notes. In particular, the term “span” is frequently used throughout the data tables. Generally, “span” refers to a court order joined as a unit of time and location (time “in-jail” or “in the community”). For ease of understanding, the report often simplifies span to “court order” when discussing data throughout the report.

The department cautions against relying too heavily on initial Q1 and Q2 2024 results, as the data will continue to complete, mature, and change over time. This is especially important for tables with small n's (numbers), as they will change quarter-by-quarter in an even more significant manner. The data presentation begins on the following page with Table 1a. The department reaffirms the above guidance. This is now the eighth edition of the new report as of Q2 2024, and the data in many tables continues to mature and change over time. Initial results frequently update one or more times over multiple quarters before becoming final.

5664 QUARTERLY REPORTING

Table 1a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS  
for individuals WAITING IN JAIL for services, by quarter (1)

	Percent Admitted on Time (5)							Percent Admitted on Time (5)							Percent Admitted on Time (5)						
	Admitted on Time (5)							Admitted on Time (5)							Admitted on Time (5)						
	Average Days Waiting (4)							Average Days Waiting (4)							Average Days Waiting (4)						
	Percent Admitted (3)							Percent Admitted (3)							Percent Admitted (3)						
	Admitted (3)							Admitted (3)							Admitted (3)						
	New Spans (2)							New Spans (2)							New Spans (2)						
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL (6)						
2018-Q4	374	322	86.1%	41.2	74	23.0%	67	66	98.5%	21.2	13	19.7%	307	256	83.4%	46.4	61	23.8%			
2019-Q1	413	328	79.4%	35.1	98	29.9%	78	74	94.9%	26.1	19	25.7%	335	254	75.8%	37.7	79	31.1%			
2019-Q2	437	344	78.7%	40.6	92	26.7%	76	65	85.5%	38.1	14	21.5%	361	279	77.3%	41.1	78	28.0%			
2019-Q3	380	317	83.4%	35.3	93	29.3%	71	64	90.1%	31.4	24	37.5%	309	253	81.9%	36.2	69	27.3%			
2019-Q4	460	394	85.7%	34.3	116	29.4%	81	74	91.4%	35.3	21	28.4%	379	320	84.4%	34.0	95	29.7%			
2020-Q1	330	211	63.9%	48.3	30	14.2%	64	36	56.3%	50.2	5	13.9%	266	175	65.8%	47.9	25	14.3%			
2020-Q2	211	145	68.7%	59.0	11	7.6%	32	11	34.4%	72.4	1	9.1%	179	134	74.9%	57.9	10	7.5%			
2020-Q3	344	246	71.5%	46.9	16	6.5%	59	38	64.4%	64.9	2	5.3%	285	208	73.0%	43.7	14	6.7%			
2020-Q4	392	273	69.6%	54.9	33	12.1%	51	29	56.9%	61.7	2	6.9%	341	244	71.6%	54.0	31	12.7%			
2021-Q1	360	284	78.9%	35.8	38	13.4%	50	41	82.0%	32.0	12	29.3%	310	243	78.4%	36.5	26	10.7%			
2021-Q2	359	305	85.0%	31.8	40	13.1%	55	51	92.7%	26.9	0	0.0%	304	254	83.6%	32.7	40	15.7%			
2021-Q3	491	368	74.9%	51.8	26	7.1%	71	57	80.3%	44.3	3	5.3%	420	311	74.0%	53.2	23	7.4%			
2021-Q4	544	392	72.1%	61.0	39	9.9%	110	64	58.2%	66.1	4	6.3%	434	328	75.6%	60.0	35	10.7%			
2022-Q1	529	333	62.9%	85.5	27	8.1%	100	69	69.0%	78.1	6	8.7%	429	264	61.5%	87.5	21	8.0%			
2022-Q2	562	297	52.8%	127.4	19	6.4%	111	72	64.9%	121.9	4	5.6%	451	225	49.9%	129.1	15	6.7%			
2022-Q3	515	251	48.7%	116.3	15	6.0%	109	62	56.9%	115.9	2	3.2%	406	189	46.6%	116.5	13	6.9%			
2022-Q4	428	251	58.6%	100.2	14	5.6%	69	49	71.0%	97.4	1	2.0%	359	202	56.3%	100.8	13	6.4%			
2023-Q1	420	269	64.0%	78.2	15	5.6%	69	54	78.3%	59.4	1	1.9%	351	215	61.3%	82.9	14	6.5%			
2023-Q2	431	296	68.7%	56.2	27	9.1%	83	70	84.3%	41.2	2	2.9%	348	226	64.9%	60.8	25	11.1%			
2023-Q3	471	388	82.4%	39.9	35	9.0%	102	83	81.4%	44.0	2	2.4%	369	305	82.7%	38.8	33	10.8%			
2023-Q4	448	398	88.8%	29.0	32	8.0%	74	66	89.2%	50.4	0	0.0%	374	332	88.8%	24.8	32	9.6%			
2024-Q1	433	416	96.1%	11.4	155	37.3%	81	74	91.4%	15.7	19	25.7%	352	342	97.2%	10.5	136	39.8%			
2024-Q2	499	447	89.6%	5.8	417	93.3%	89	85	95.5%	6.4	67	78.8%	410	362	88.3%	5.6	350	96.7%			

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

Notes for **Table 1a**. continued from the previous page:

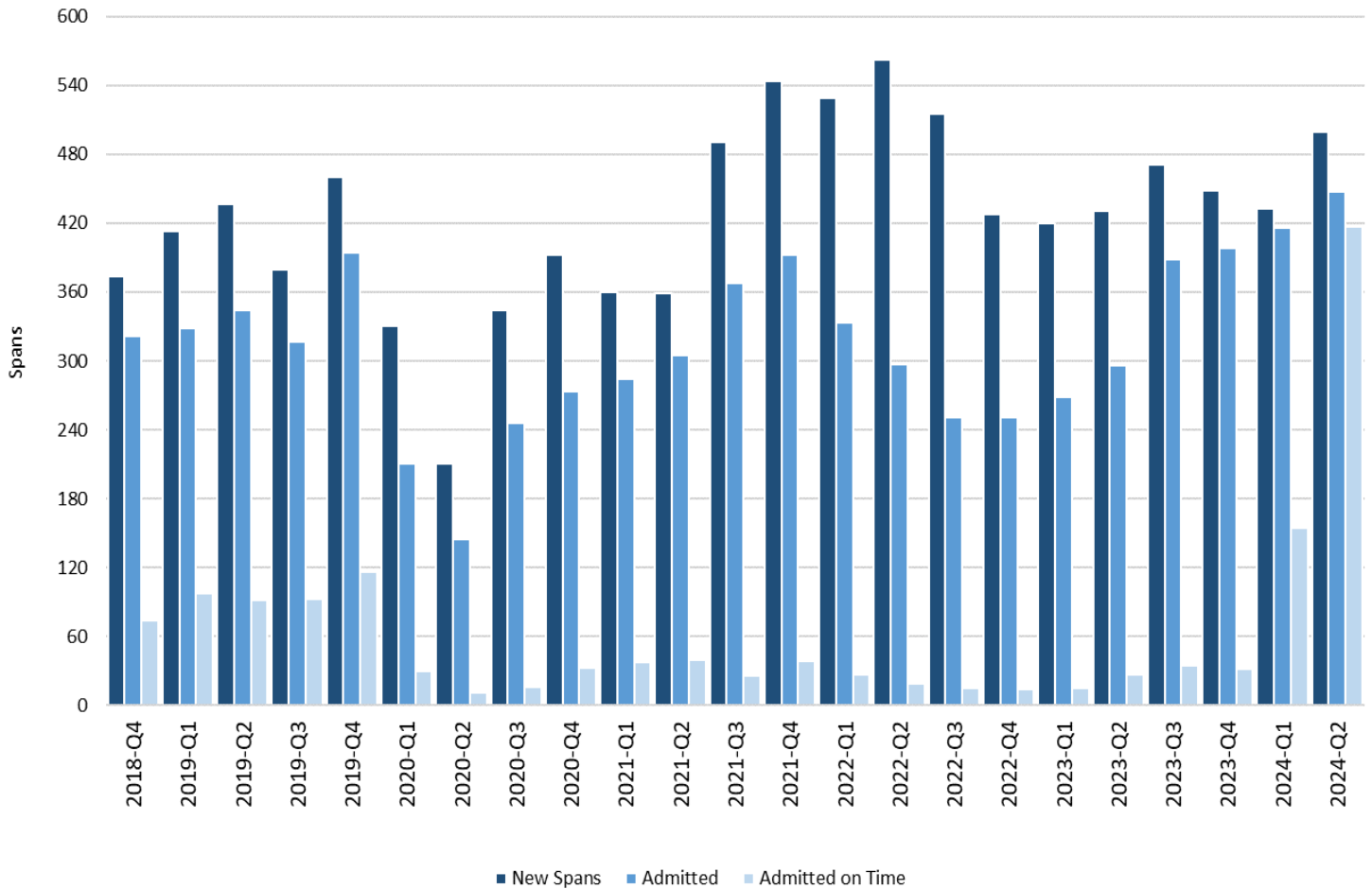
(4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

(6) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers (BHTCs), formerly known as Restoration Treatment Facilities (RTFs).

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.”

**Figure 1a - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER**  
ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 1a shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 1a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.



**Outcomes:** During Q2 2024, the number of inpatient restoration orders increased significantly by 15.2 percent. The number of inpatient competency restoration orders admitted during Q2 was 447 orders; for orders admitted during Q2, the average days waiting for admissions statewide, between order for restoration and admission, was 5.8 days; and on time admissions in Q2 was 93.3 percent. Both the average days waiting and on time admissions percentage in Q2, represent significant improvements on recent quarterly performances, and demonstrate by far, the best outcomes in the 5.75 years since FDS became the database tracking system of record. As time elapses and distance from Q2 increases, additional court orders originally signed in Q2 will be admitted; thus, improving the number and percentage of court orders admitted. Other variables will perform negatively: average days waiting, number admitted on time, and percent admitted on time. As the Q2 2024 data continues to mature over the next several quarters, the performance variables are likely to decline somewhat; however, a significantly greater number of Q2-2024 orders completed within Q2 relative to preceding quarters, so the overall decline in Q2's future performance should be reasonably small.

**Drivers:** The Delta and especially the Omicron variants of COVID-19 highly impacted BHA facilities from Q4 2021 through Q2 2022 resulting in substantially decreased admissions and treatment capacity. Finally, moving into Q3 2022, BHA inpatient facilities began experiencing fewer impacts from COVID-19, returning to the more normal levels of COVID-19 related impacts experienced by BHA's health care facilities over the last 2.75 years. During periods of pandemic-related admissions slowdowns and ward holds, civil cases had ended up increasingly in forensic beds with limited or no ability to move the cases to civil wards or to community placements. This was a significant contributing factor to the substantial decrease in forensic admissions offers to inpatient restoration clients. By the end of Q2 2023, COVID-19 impacts shifted from pandemic to endemic, enabling improved access to inpatient beds.

Following Q2 2022's, record high 562 inpatient restoration orders, new orders decreased for three consecutive quarters before increasing slightly in Q2 2023 and increasing moderately in Q3 2023. Q2 2023 received 431 total orders, followed by 471 in Q3 2023. This represents an 8.7 percent decrease compared to the Q2 2022 high point. Some of this decrease in demand is likely seasonal. The quarterly decreases in demand from Q3 to Q4 2022 and again from Q4 2022 to Q1 2023 have occurred during the late fall through winter months when OFMHS normally sees reduced order activity. Likewise, restoration orders are primarily a function of completed competency evaluation orders. As a subset of evaluation orders, a percentage of clients will be found incompetent and court-ordered for restoration. When demand for evaluations increases or decreases, competency restoration orders tend to follow accordingly. Restoration services demand, over the last eight quarters since Q2 2022, appears to have tracked in line with expectations, based on the observed increases and decreases in evaluation services "admitted orders" and "orders sent to court." Even with the 11.2 percent decrease in competency restoration services orders since Q2 2022, Q2 2024 ranks 5<sup>th</sup> highest out of 23 quarters since restoration order tracking began in the Forensic Data System in Q4 2018. During these last 5.75 years, competency restoration orders have averaged 427.4 per quarter, so Q2 2024 is significantly higher than the statewide average. Q2's significant increase in orders relative to Q1 reflects a seasonal upturn that happens in many years, and it is in line with the increase in Q2 2024 competency evaluation orders for clients waiting in jail. Staff will continue to monitor this data closely to determine if any additional causes or trends become discernable.

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Table 1b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS  
for individuals WAITING IN JAIL for services, by quarter (1)

	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL (6)					
	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)
2018-Q4	374	374	100.0%	42.7	77	20.6%	67	67	100.0%	22.0	13	19.4%	307	307	100.0%	47.2	64	20.8%
2019-Q1	413	413	100.0%	35.0	104	25.2%	78	78	100.0%	25.3	20	25.6%	335	335	100.0%	37.3	84	25.1%
2019-Q2	437	437	100.0%	40.1	100	22.9%	76	76	100.0%	37.3	17	22.4%	361	361	100.0%	40.7	83	23.0%
2019-Q3	380	380	100.0%	35.1	102	26.8%	71	71	100.0%	32.5	24	33.8%	309	309	100.0%	35.7	78	25.2%
2019-Q4	460	460	100.0%	34.5	128	27.8%	81	81	100.0%	36.4	21	25.9%	379	379	100.0%	34.1	107	28.2%
2020-Q1	330	330	100.0%	47.2	35	10.6%	64	64	100.0%	53.8	5	7.8%	266	266	100.0%	45.6	30	11.3%
2020-Q2	211	211	100.0%	55.4	12	5.7%	32	32	100.0%	57.3	2	6.3%	179	179	100.0%	55.1	10	5.6%
2020-Q3	344	344	100.0%	44.2	30	8.7%	59	59	100.0%	61.5	3	5.1%	285	285	100.0%	40.7	27	9.5%
2020-Q4	392	392	100.0%	50.4	38	9.7%	51	51	100.0%	61.6	3	5.9%	341	341	100.0%	48.7	35	10.3%
2021-Q1	360	360	100.0%	33.2	47	13.1%	50	50	100.0%	31.1	12	24.0%	310	310	100.0%	33.5	35	11.3%
2021-Q2	359	359	100.0%	31.5	47	13.1%	55	55	100.0%	27.1	1	1.8%	304	304	100.0%	32.3	46	15.1%
2021-Q3	491	491	100.0%	48.5	28	5.7%	71	71	100.0%	41.3	3	4.2%	420	420	100.0%	49.7	25	6.0%
2021-Q4	544	544	100.0%	55.7	49	9.0%	110	110	100.0%	61.4	7	6.4%	434	434	100.0%	54.3	42	9.7%
2022-Q1	529	529	100.0%	79.9	36	6.8%	100	100	100.0%	71.7	9	9.0%	429	429	100.0%	81.8	27	6.3%
2022-Q2	562	562	100.0%	119.0	28	5.0%	111	111	100.0%	107.9	8	7.2%	451	451	100.0%	121.7	20	4.4%
2022-Q3	515	515	100.0%	105.7	25	4.9%	109	109	100.0%	106.4	6	5.5%	406	406	100.0%	105.5	19	4.7%
2022-Q4	428	428	100.0%	87.3	23	5.4%	69	69	100.0%	92.4	4	5.8%	359	359	100.0%	86.3	19	5.3%
2023-Q1	420	420	100.0%	69.2	33	7.9%	69	69	100.0%	54.6	5	7.2%	351	351	100.0%	72.1	28	8.0%
2023-Q2	431	431	100.0%	51.0	43	10.0%	83	83	100.0%	38.5	6	7.2%	348	348	100.0%	54.0	37	10.6%
2023-Q3	471	471	100.0%	37.6	44	9.3%	102	102	100.0%	41.9	5	4.9%	369	369	100.0%	36.4	39	10.6%
2023-Q4	448	448	100.0%	27.8	45	10.0%	74	74	100.0%	48.5	0	0.0%	374	374	100.0%	23.7	45	12.0%
2024-Q1	433	433	100.0%	11.2	166	38.3%	81	81	100.0%	14.8	24	29.6%	352	352	100.0%	10.4	142	40.3%
2024-Q2	499	467	93.6%	5.7	431	92.3%	89	86	96.6%	6.3	68	79.1%	410	381	92.9%	5.6	363	95.3%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 1a above in that it includes all completions, not just those where the client was admitted to a facility.

(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

Notes for **Table 1b**. continued from the previous page:

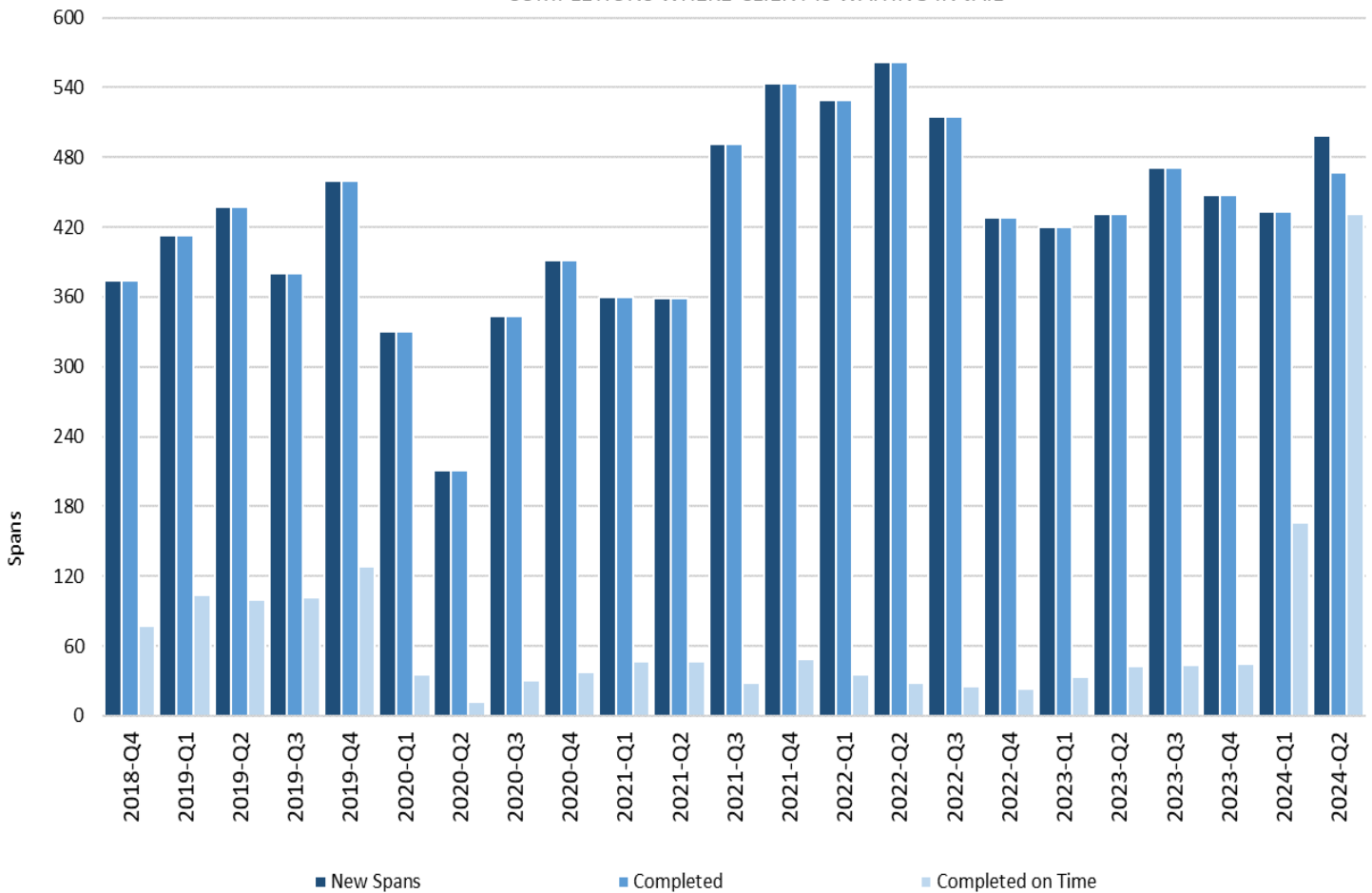
(4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

(6) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers (BHTCs), formerly known as Restoration Treatment Facilities (RTFs).

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.”

**Figure 1b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER**  
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 1b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 1b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** Order completions in Table 1b encompasses admissions like in Table 1a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status.

During Q2 2024, the number of inpatient restoration orders increased significantly by 15.2 percent. The number of inpatient competency restoration orders completed during Q2 was 467 orders; of the orders completed during Q2, the average days waiting for order completion statewide, between order for restoration and completion, was 5.7 days in Q2; and 92.3 percent of completed orders were completed on time. As time continues to elapse and distance from Q2 increases, a greater number of court orders originally signed in Q2 will be completed; thus, improving the number of orders completed and the percent completed. As additional orders continue to complete with elapsing time, other variables will perform negatively: average days waiting, number completed on time, and percent completed on time. As the Q2 2024 data continues to mature over the next several quarters, the performance variables are likely to decline somewhat; however, a significantly greater number of Q2-2024 orders completed within Q2 relative to preceding quarters, so the overall decline in Q2's future performance should be reasonably small.

**Drivers:** The Delta and especially the Omicron variants of COVID-19 highly impacted BHA facilities from Q4 2021 through Q2 2022 resulting in substantially decreased admissions and treatment capacity. Finally, by the end of Q2, and into Q3 2022, BHA inpatient facilities began experiencing fewer impacts from COVID-19, returning to the more normal levels of COVID-19 related impacts experienced by BHA's health care facilities over the last 2.75 years. During periods of pandemic-related admissions slowdowns and ward holds, civil cases had ended up increasingly in forensic beds with limited or no ability to move the cases to civil wards or to community placements. This was a significant contributing factor to the substantial decrease in forensic admissions offers to inpatient restoration clients. By the end of Q2 2023, COVID-19 impacts shifted from pandemic to endemic, which has allowed improved access to inpatient beds.

Following Q2 2022, when inpatient restoration orders peaked at a record high 562, new orders decreased for three consecutive quarters before increasing in Q2 and Q3 2023. Q3 2023 received 471 total orders, a 16.2 percent decrease compared to the high point of Q2 2022 and a 12.1 percent increase from the 420-order low point in Q1 2023. Some of this decrease in demand is likely seasonal. The quarterly decreases in demand from Q3 to Q4 2022 and again from Q4 2022 to Q1 2023 have occurred during the late fall through winter months when OFMHS normally sees reduced order activity. Likewise, competency restoration orders are primarily a function of completed competency evaluation orders. As a subset of evaluation orders, a percentage of clients will be found incompetent and court-ordered for restoration. When demand for evaluations increases or decreases, competency restoration orders tend to increase or decrease accordingly. Restoration services demand, over the last eight quarters since Q2 2022, appears to have tracked in line with expectations, based on the observed increases and decreases in evaluation services "admitted orders" and "orders sent to court." Even with the 11.2 percent decrease in competency restoration services orders since Q2 2022, Q2 2024 ranks 5<sup>th</sup> highest out of 23 quarters since restoration order tracking began in the Forensic Data System in Q4 2018. During these last 5.75 years, competency restoration orders have averaged 427.4 per quarter, so Q2 2024 is significantly higher than the statewide average. Q2's significant increase in orders relative to Q1 reflects an increase that happens in many years. Staff will continue to closely monitor this data to determine if any additional causes or trends become discernable.

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Table 2a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

	Percent Admitted on Time (6)						Percent Admitted on Time (6)						Percent Admitted on Time (6)					
	Admitted on Time (6)						Admitted on Time (6)						Admitted on Time (6)					
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)					
	Percent Admitted (4)						Percent Admitted (4)						Percent Admitted (4)					
	Admitted (4)						Admitted (4)						Admitted (4)					
	New Spans (3)						New Spans (3)						New Spans (3)					
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL (7)					
2018-Q4	53	18	34.0%	189.7	3	16.7%	6	0	0.0%	n/a	0	n/a	47	18	38.3%	189.7	3	16.7%
2019-Q1	69	25	36.2%	143.2	3	12.0%	6	3	50.0%	65.3	1	33.3%	63	22	34.9%	153.8	2	9.1%
2019-Q2	64	23	35.9%	203.9	2	8.7%	7	4	57.1%	46.8	1	25.0%	57	19	33.3%	236.9	1	5.3%
2019-Q3	59	12	20.3%	115.4	3	25.0%	4	0	0.0%	n/a	0	n/a	55	12	21.8%	115.4	3	25.0%
2019-Q4	67	15	22.4%	181.2	4	26.7%	6	2	33.3%	42.5	1	50.0%	61	13	21.3%	202.5	3	23.1%
2020-Q1	61	9	14.8%	329.3	1	11.1%	5	1	20.0%	237.0	0	0.0%	56	8	14.3%	340.9	1	12.5%
2020-Q2	53	7	13.2%	177.9	1	14.3%	7	0	0.0%	n/a	0	n/a	46	7	15.2%	177.9	1	14.3%
2020-Q3	64	16	25.0%	230.2	2	12.5%	12	2	16.7%	331.5	0	0.0%	52	14	26.9%	215.7	2	14.3%
2020-Q4	63	12	19.0%	206.6	2	16.7%	6	1	16.7%	42.0	0	0.0%	57	11	19.3%	221.5	2	18.2%
2021-Q1	62	12	19.4%	262.3	2	16.7%	8	0	0.0%	n/a	0	n/a	54	12	22.2%	262.3	2	16.7%
2021-Q2	40	11	27.5%	197.1	4	36.4%	5	1	20.0%	70.0	0	0.0%	35	10	28.6%	209.8	4	40.0%
2021-Q3	70	6	8.6%	301.3	2	33.3%	13	3	23.1%	289.7	2	66.7%	57	3	5.3%	313.0	0	0.0%
2021-Q4	97	6	6.2%	288.2	0	0.0%	14	1	7.1%	735.0	0	0.0%	83	5	6.0%	198.8	0	0.0%
2022-Q1	84	8	9.5%	306.6	0	0.0%	12	0	0.0%	n/a	0	n/a	72	8	11.1%	306.6	0	0.0%
2022-Q2	92	5	5.4%	400.6	1	20.0%	14	0	0.0%	n/a	0	n/a	78	5	6.4%	400.6	1	20.0%
2022-Q3	93	7	7.5%	374.0	0	0.0%	17	3	17.6%	310.3	0	0.0%	76	4	5.3%	421.8	0	0.0%
2022-Q4	95	7	7.4%	297.1	1	14.3%	18	2	11.1%	369.0	0	0.0%	77	5	6.5%	268.4	1	20.0%
2023-Q1	104	11	10.6%	178.8	1	9.1%	13	2	15.4%	153.5	0	0.0%	91	9	9.9%	184.4	1	11.1%
2023-Q2	99	10	10.1%	67.5	4	40.0%	18	2	11.1%	81.0	0	0.0%	81	8	9.9%	64.1	4	50.0%
2023-Q3	58	2	3.4%	96.0	1	50.0%	5	0	0.0%	n/a	0	n/a	53	2	3.8%	96.0	1	50.0%
2023-Q4	56	7	12.5%	122.3	0	0.0%	11	2	18.2%	114.0	0	0.0%	45	5	11.1%	125.6	0	0.0%
2024-Q1	40	5	12.5%	36.6	3	60.0%	4	1	25.0%	20.0	1	100.0%	36	4	11.1%	40.8	2	50.0%
2024-Q2	36	3	8.3%	49.3	1	33.3%	3	0	0.0%	n/a	0	n/a	33	3	9.1%	49.3	1	33.3%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=2,353), or while in prison (n=4).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

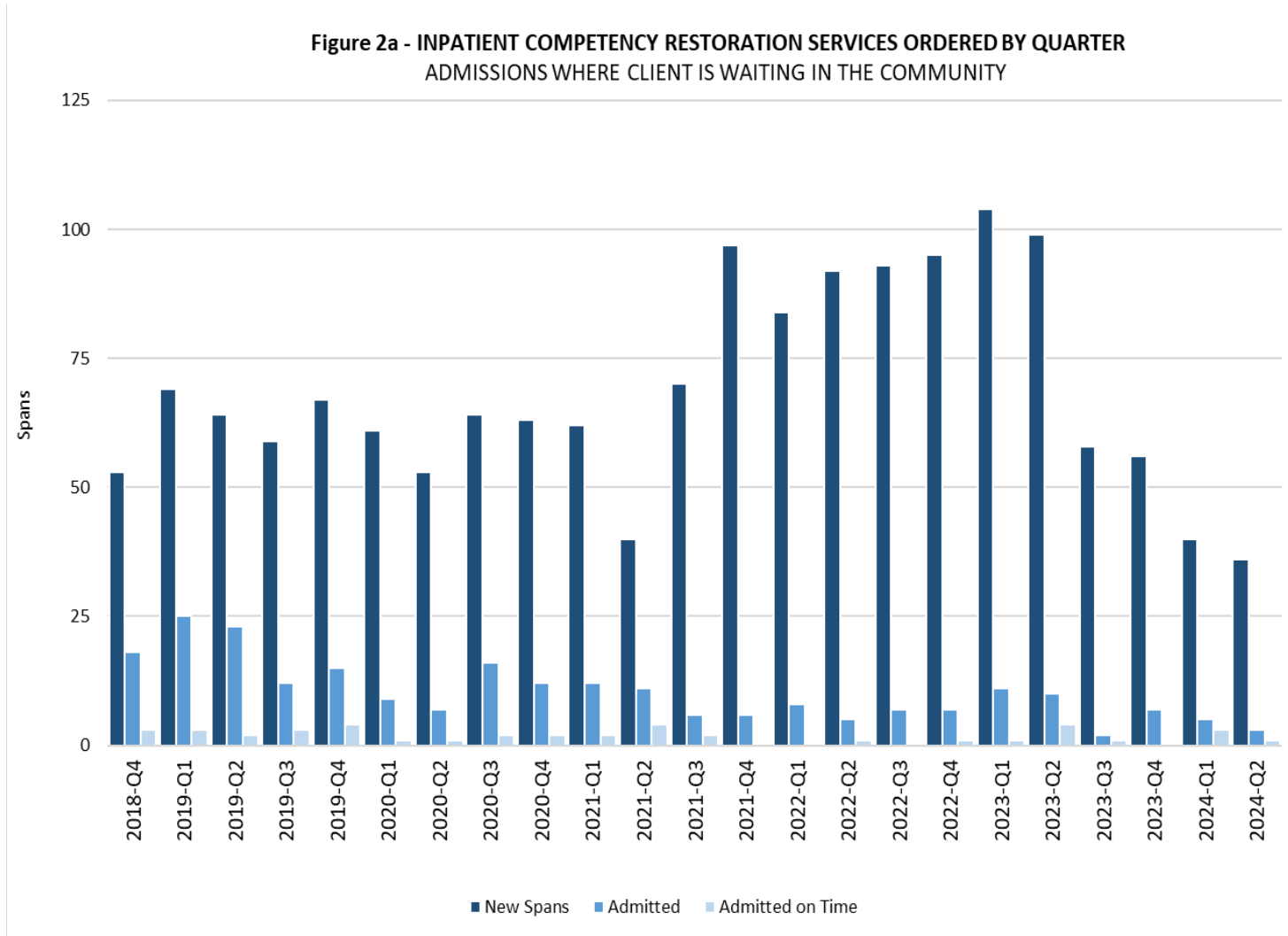
Notes for **Table 2a**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

(7) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers (BHTCs), formerly known as Restoration Treatment Facilities (RTFs).

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 2a displays the number of new court orders and orders admitted for inpatient competency restoration services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 2a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

**Outcomes:** During Q2 2024, the number of inpatient competency restoration orders for individuals waiting in the community was 36, and the number admitted while waiting in the community was three. As time elapses, additional individuals waiting for restoration services in the community on personal recognizance will be admitted for competency services, and the Q2 data will begin to resemble preceding quarters more closely.

**Drivers:** During periods of high system demand and constrained throughput, like what is currently being experienced in the state's inpatient facilities, Trueblood Class Members take priority for inpatient beds; however, we have started in this quarter to work in admitting out-of-custody individuals to competency restoration, both on an inpatient and outpatient basis. Individuals are ranked by the date their competency restoration orders were signed, and they are admitted from the top and bottom of the waitlist simultaneously to maximize efficiency.

When there is reason to believe individuals' competency status has improved and at least one year has passed since their most recent forensic evaluation, an out-of-custody evaluation can be ordered to determine whether individuals are still in need of competency restoration before admitting them to OCRP or an inpatient facility for competency restoration.

We are also engaged in ongoing work to assess the needs of out-of-custody individuals as it relates to competency restoration and the most appropriate level of care for them. In regions where there is a current Outpatient Competency Restoration Program established with available and adequate space, individuals are assessed by a Forensic Navigator for out of custody restoration. If appropriate for the individual's needs, OCRP allows an opportunity for individuals to remain in the community to receive competency restoration services. As of Q2 2024, eleven counties have full implementation of outpatient restoration as an option.

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Table 2b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

	Percent Completed on Time (6) Completed on Time (6)						Percent Completed on Time (6) Completed on Time (6)						Percent Completed on Time (6) Completed on Time (6)										
	Average Days Waiting (5)		Percent Completed (4)		Completed (4)		New Spans (3)		Average Days Waiting (5)		Percent Completed (4)		Completed (4)		New Spans (3)		Average Days Waiting (5)		Percent Completed (4)		Completed (4)		New Spans (3)
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL (7)										
2018-Q4	53	53	100.0%	189.8	11	20.8%	6	6	100.0%	196.0	0	0.0%	47	47	100.0%	189.0	11	23.4%					
2019-Q1	69	69	100.0%	230.3	13	18.8%	6	6	100.0%	173.5	2	33.3%	63	63	100.0%	235.8	11	17.5%					
2019-Q2	64	64	100.0%	205.2	14	21.9%	7	7	100.0%	64.0	2	28.6%	57	57	100.0%	222.5	12	21.1%					
2019-Q3	59	59	100.0%	251.7	13	22.0%	4	4	100.0%	331.8	1	25.0%	55	55	100.0%	245.9	12	21.8%					
2019-Q4	67	67	100.0%	272.8	12	17.9%	6	6	100.0%	281.5	1	16.7%	61	61	100.0%	271.9	11	18.0%					
2020-Q1	61	60	98.4%	346.6	7	11.7%	5	5	100.0%	449.4	0	0.0%	56	55	98.2%	337.3	7	12.7%					
2020-Q2	53	50	94.3%	259.5	7	14.0%	7	5	71.4%	87.8	1	20.0%	46	45	97.8%	278.6	6	13.3%					
2020-Q3	64	63	98.4%	219.5	12	19.0%	12	12	100.0%	212.7	4	33.3%	52	51	98.1%	221.1	8	15.7%					
2020-Q4	63	60	95.2%	237.5	10	16.7%	6	6	100.0%	87.5	1	16.7%	57	54	94.7%	254.2	9	16.7%					
2021-Q1	62	57	91.9%	231.8	13	22.8%	8	8	100.0%	135.6	4	50.0%	54	49	90.7%	247.5	9	18.4%					
2021-Q2	40	38	95.0%	282.5	7	18.4%	5	5	100.0%	72.2	1	20.0%	35	33	94.3%	314.3	6	18.2%					
2021-Q3	70	62	88.6%	288.0	10	16.1%	13	12	92.3%	218.4	4	33.3%	57	50	87.7%	304.7	6	12.0%					
2021-Q4	97	86	88.7%	288.3	7	8.1%	14	14	100.0%	364.8	0	0.0%	83	72	86.7%	273.4	7	9.7%					
2022-Q1	84	67	79.8%	243.8	9	13.4%	12	8	66.7%	356.5	2	25.0%	72	59	81.9%	228.5	7	11.9%					
2022-Q2	92	76	82.6%	268.3	10	13.2%	14	14	100.0%	197.3	1	7.1%	78	62	79.5%	284.3	9	14.5%					
2022-Q3	93	74	79.6%	243.6	12	16.2%	17	14	82.4%	329.1	0	0.0%	76	60	78.9%	223.7	12	20.0%					
2022-Q4	95	66	69.5%	227.1	10	15.2%	18	16	88.9%	226.4	4	25.0%	77	50	64.9%	227.3	6	12.0%					
2023-Q1	104	72	69.2%	182.4	9	12.5%	13	9	69.2%	238.8	0	0.0%	91	63	69.2%	174.4	9	14.3%					
2023-Q2	99	50	50.5%	127.1	13	26.0%	18	8	44.4%	73.1	3	37.5%	81	42	51.9%	137.4	10	23.8%					
2023-Q3	58	33	56.9%	83.6	10	30.3%	5	2	40.0%	11.0	2	100.0%	53	31	58.5%	88.3	8	25.8%					
2023-Q4	56	22	39.3%	91.1	4	18.2%	11	3	27.3%	102.3	0	0.0%	45	19	42.2%	89.3	4	21.1%					
2024-Q1	40	22	55.0%	59.4	6	27.3%	4	1	25.0%	20.0	1	100.0%	36	21	58.3%	61.3	5	23.8%					
2024-Q2	36	13	36.1%	34.8	4	30.8%	3	0	0.0%	n/a	0	n/a	33	13	39.4%	34.8	4	30.8%					

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=2,353), or while in prison (n=4).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 2a above in that it includes all completions, not just those were the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new in-community stays (i.e., periods of waiting for services while in the community) starting in the quarter due to an individual entering leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.



Notes for **Table 2b**. continued from the previous page:

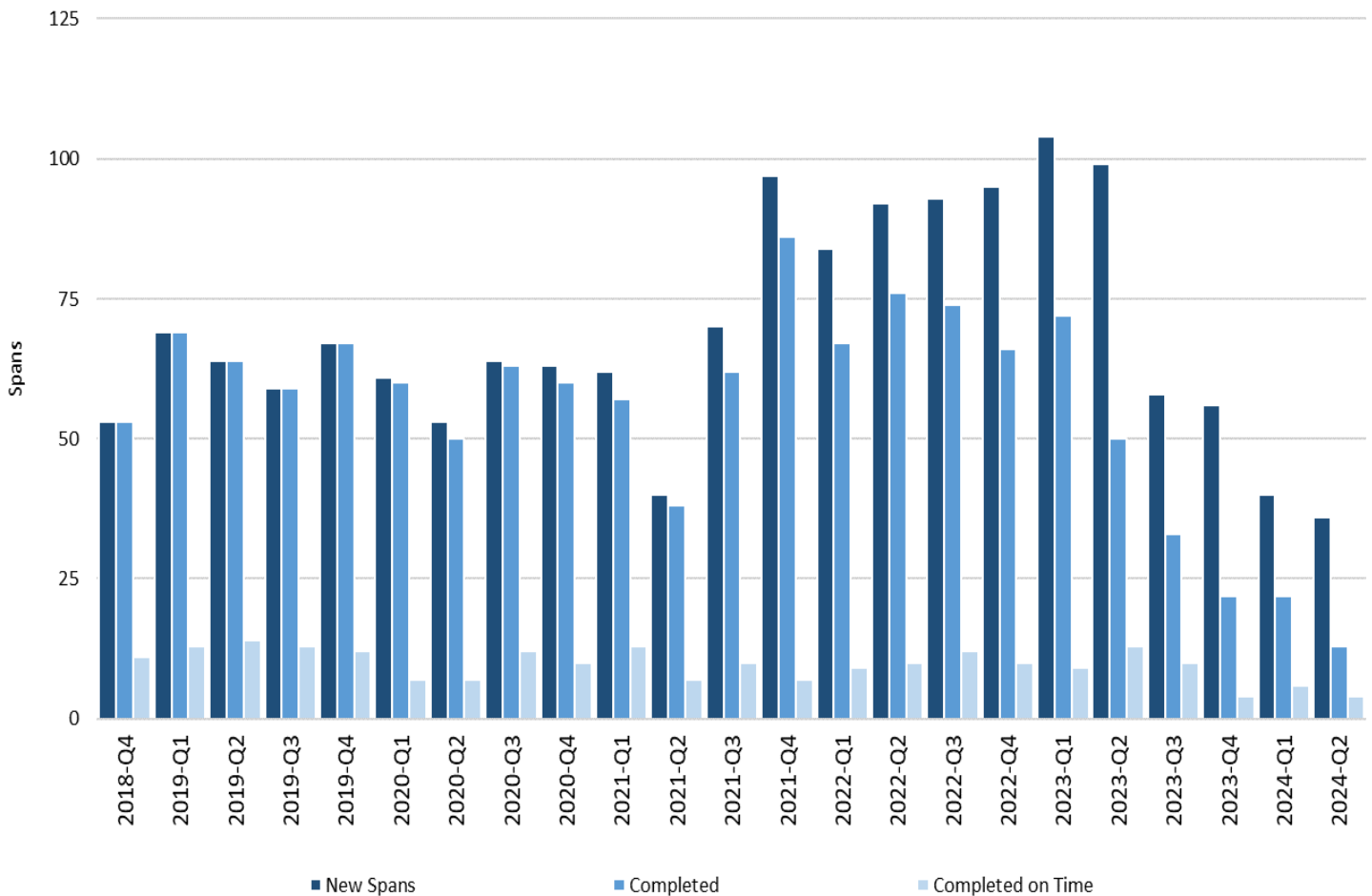
(5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

(7) Measures for WSH Restorations include court orders for clients that admit to Behavioral Health and Treatment Centers (BHTCs), formerly known as Restoration Treatment Facilities (RTFs).

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 2b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER  
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 2b displays the number of new court orders and completed court orders for inpatient competency restoration services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 2b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** Order completions in Table 2b encompasses admissions like in Table 2a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status. In Q2 2024, there were 36 new inpatient restoration orders statewide for clients waiting for services in the community, and 13 of those orders completed during Q2. For statewide orders that completed during Q2, the average days to completion was 34.8 days, and the percent of completed orders that were completed on time was 30.8 percent. As time continues to elapse, additional in the community/personal recognizance orders will continue completing, and the data in Table 2b and Figure 2b will begin to resemble preceding quarters more closely.

**Drivers:** During periods of high system demand and constrained throughput, like what is currently being experienced in the state's inpatient facilities, Trueblood Class Members take priority for inpatient beds; however, we have started in this quarter to work in admitting out-of-custody individuals to competency restoration, both on an inpatient and outpatient basis. Individuals are ranked by the date their competency restoration orders were signed, and they are admitted from the top and bottom of the waitlist simultaneously to maximize efficiency.

When there is reason to believe individuals' competency status has improved and at least one year has passed since their most recent forensic evaluation, an out-of-custody evaluation can be ordered to determine whether individuals are still in need of competency restoration before admitting them to OCRP or an inpatient facility for competency restoration.

We are also engaged in ongoing work to assess the needs of out-of-custody individuals as it relates to competency restoration and the most appropriate level of care for them. In regions where there is a current Outpatient Competency Restoration Program established with available and adequate space, individuals are assessed by a Forensic Navigator for out of custody restoration. If appropriate for the individual's needs, OCRP allows an opportunity for individuals to remain in the community to receive competency restoration services. As of Q2 2024, eleven counties have full implementation of outpatient restoration as an option.

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Table 3a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1)  
for individuals WAITING IN JAIL for services, by quarter (2)

	Percent Admitted on Time (6)						Percent Admitted on Time (6)						Percent Admitted on Time (6)					
	Admitted on Time (6)						Admitted on Time (6)						Admitted on Time (6)					
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)					
	Percent Admitted (4)						Percent Admitted (4)						Percent Admitted (4)					
	Admitted (4)						Admitted (4)						Admitted (4)					
	New Spans (3)						New Spans (3)						New Spans (3)					
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	73	66	90.4%	30.8	4	6.1%	36	31	86.1%	20.0	4	12.9%	37	35	94.6%	40.3	0	0.0%
2019-Q1	65	49	75.4%	29.1	9	18.4%	27	20	74.1%	29.3	3	15.0%	38	29	76.3%	29.0	6	20.7%
2019-Q2	72	50	69.4%	42.2	4	8.0%	35	22	62.9%	45.8	1	4.5%	37	28	75.7%	39.3	3	10.7%
2019-Q3	61	45	73.8%	41.7	5	11.1%	31	18	58.1%	33.5	3	16.7%	30	27	90.0%	47.1	2	7.4%
2019-Q4	39	27	69.2%	26.0	2	7.4%	28	16	57.1%	29.1	1	6.3%	11	11	100.0%	21.5	1	9.1%
2020-Q1	42	28	66.7%	69.3	2	7.1%	22	10	45.5%	68.1	1	10.0%	20	18	90.0%	69.9	1	5.6%
2020-Q2	39	17	43.6%	76.5	1	5.9%	21	8	38.1%	103.1	0	0.0%	18	9	50.0%	52.9	1	11.1%
2020-Q3	45	22	48.9%	58.8	0	0.0%	26	9	34.6%	64.2	0	0.0%	19	13	68.4%	55.1	0	0.0%
2020-Q4	93	67	72.0%	56.5	5	7.5%	46	32	69.6%	51.1	4	12.5%	47	35	74.5%	61.5	1	2.9%
2021-Q1	90	52	57.8%	39.7	2	3.8%	54	30	55.6%	35.3	2	6.7%	36	22	61.1%	45.6	0	0.0%
2021-Q2	68	52	76.5%	23.9	4	7.7%	26	20	76.9%	19.4	2	10.0%	42	32	76.2%	26.8	2	6.3%
2021-Q3	87	63	72.4%	42.2	5	7.9%	32	22	68.8%	46.2	0	0.0%	55	41	74.5%	40.0	5	12.2%
2021-Q4	73	60	82.2%	52.3	5	8.3%	30	23	76.7%	66.6	2	8.7%	43	37	86.0%	43.3	3	8.1%
2022-Q1	70	42	60.0%	65.9	6	14.3%	32	21	65.6%	65.2	2	9.5%	38	21	55.3%	66.7	4	19.0%
2022-Q2	62	33	53.2%	81.5	2	6.1%	35	17	48.6%	96.9	1	5.9%	27	16	59.3%	65.1	1	6.3%
2022-Q3	107	50	46.7%	72.6	9	18.0%	54	27	50.0%	66.5	4	14.8%	53	23	43.4%	79.8	5	21.7%
2022-Q4	57	18	31.6%	115.0	0	0.0%	25	11	44.0%	112.7	0	0.0%	32	7	21.9%	118.6	0	0.0%
2023-Q1	33	20	60.6%	75.2	0	0.0%	23	15	65.2%	64.1	0	0.0%	10	5	50.0%	108.2	0	0.0%
2023-Q2	20	10	50.0%	44.8	1	10.0%	10	6	60.0%	33.3	1	16.7%	10	4	40.0%	62.0	0	0.0%
2023-Q3	46	38	82.6%	40.7	4	10.5%	14	11	78.6%	40.3	2	18.2%	32	27	84.4%	40.9	2	7.4%
2023-Q4	29	26	89.7%	26.0	3	11.5%	8	6	75.0%	33.3	0	0.0%	21	20	95.2%	23.8	3	15.0%
2024-Q1	36	35	97.2%	8.9	16	45.7%	15	14	93.3%	8.5	6	42.9%	21	21	100.0%	9.1	10	47.6%
2024-Q2	44	39	88.6%	6.2	36	92.3%	15	13	86.7%	6.4	11	84.6%	29	26	89.7%	6.0	25	96.2%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

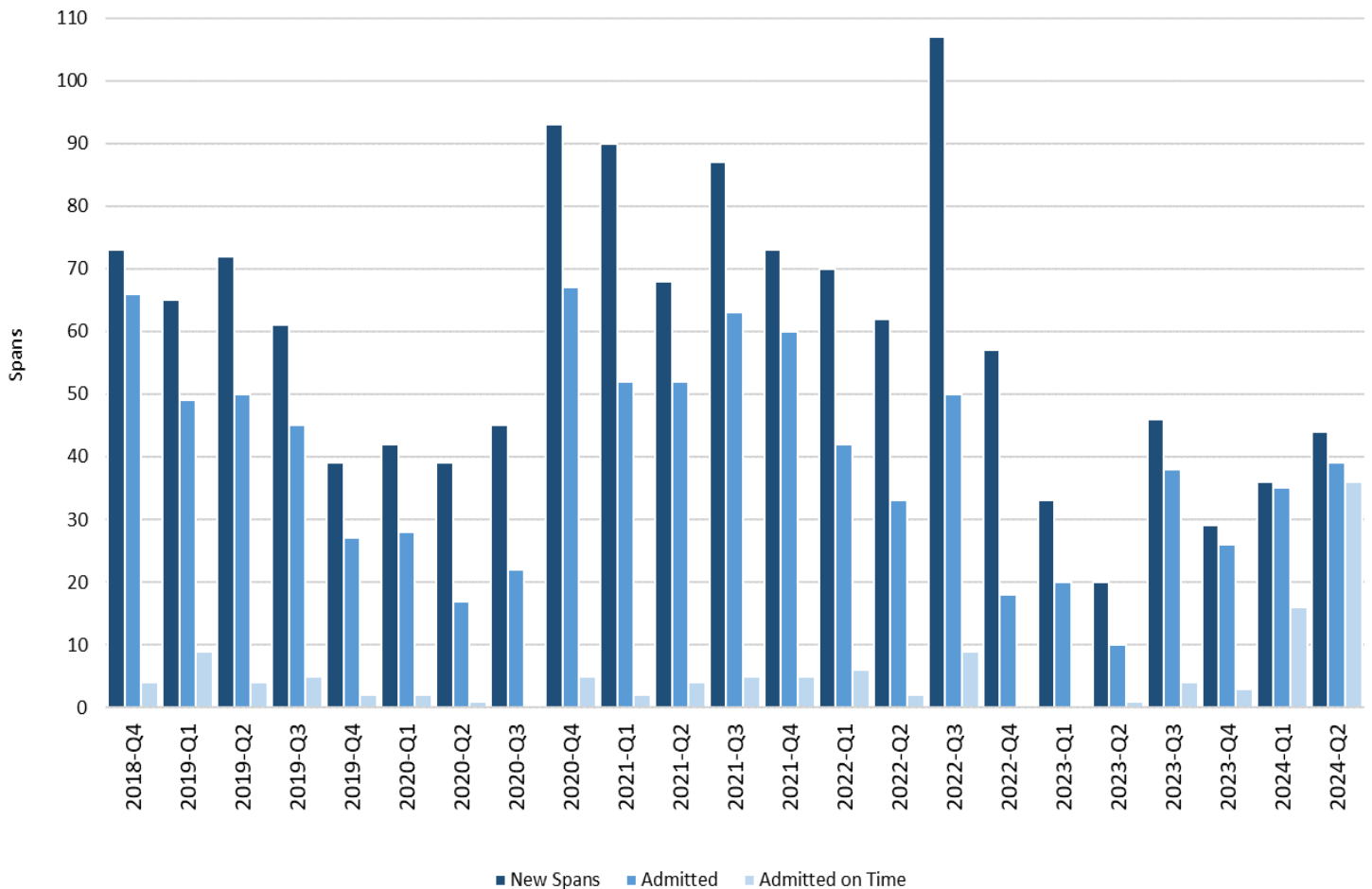
Notes for **Table 3a**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.”

**Figure 3a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER**  
ADMISSIONS WHERE CLIENT WAS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 3a shows the number of new court orders for inpatient competency evaluation services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 3a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

**Outcomes:** New inpatient evaluation orders for clients waiting in jail increased 22.2 percent statewide from 36 to 44 in Q2 2024 after declining substantially from 107 to 20 (-81.3%) from Q3

2022 to Q2 2023 before falling into a mixed quarter-by-quarter trend of significant increases in orders followed by significant decreases. 39 orders were admitted under this legal authority statewide in Q2 2024.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small number of orders using this legal authority. The percent admitted and percent admitted on time variables are subject to dramatic swings in both positive and negative directions as a result. Due to typically long inpatient evaluation services wait times, orders will continue to admit to the state hospitals in future quarters.

**Drivers:** Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: (1) Court officials determine an inpatient setting is appropriate for a given client or situation; or (2) A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Proceeding through Q2 2024, overall limitations in bed availability and competing bed uses such as competency restorations and civil commitments, can sometimes continue to cause clients with inpatient competency evaluation orders to face waits for admission to state hospital beds that exceed an average of 7.0 days. Admission waits have decreased significantly over the past six quarters since Q4 2022 and continue to trend in the right direction toward substantial compliance with the state's standards. Throughout 2023 and continuing through Q2 2024, a BHA-level executive team has closely managed limited beds to increase client throughput and efficiency of utilization. As part of that process, OFMHS has been educating courts about the timeliness of jail-based evaluations compared to wait times for inpatient evaluations and contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. While this approach has been largely successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed, with inpatient wait times decreasing, OFMHS has seen some increasing order levels for the inpatient evaluation legal authority as many attorneys believe this is the fastest way to obtain competency restoration services for their clients.

5664 QUARTERLY REPORTING

Table 3b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)  
for individuals WAITING IN JAIL for services, by quarter (2)

Percent Completed on Time (6) Completed on Time (6)							Percent Completed on Time (6) Completed on Time (6)							Percent Completed on Time (6) Completed on Time (6)						
Average Days Waiting (5)							Average Days Waiting (5)							Average Days Waiting (5)						
Percent Completed (4) Completed (4)							Percent Completed (4) Completed (4)							Percent Completed (4) Completed (4)						
New Spans (3)							New Spans (3)							New Spans (3)						
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	73	73	100.0%	29.5	6	8.2%	36	36	100.0%	18.8	6	16.7%	37	37	100.0%	40.1	0	0.0%		
2019-Q1	65	65	100.0%	26.1	14	21.5%	27	27	100.0%	26.5	6	22.2%	38	38	100.0%	25.8	8	21.1%		
2019-Q2	72	72	100.0%	42.5	5	6.9%	35	35	100.0%	40.3	2	5.7%	37	37	100.0%	44.5	3	8.1%		
2019-Q3	61	61	100.0%	34.7	9	14.8%	31	31	100.0%	25.8	6	19.4%	30	30	100.0%	43.9	3	10.0%		
2019-Q4	39	39	100.0%	23.0	7	17.9%	28	28	100.0%	23.5	6	21.4%	11	11	100.0%	21.5	1	9.1%		
2020-Q1	42	42	100.0%	58.5	6	14.3%	22	22	100.0%	48.5	5	22.7%	20	20	100.0%	69.5	1	5.0%		
2020-Q2	39	39	100.0%	65.7	3	7.7%	21	21	100.0%	71.1	2	9.5%	18	18	100.0%	59.4	1	5.6%		
2020-Q3	45	45	100.0%	51.8	4	8.9%	26	26	100.0%	51.7	4	15.4%	19	19	100.0%	51.9	0	0.0%		
2020-Q4	93	93	100.0%	50.2	8	8.6%	46	46	100.0%	46.4	6	13.0%	47	47	100.0%	53.9	2	4.3%		
2021-Q1	90	90	100.0%	31.1	12	13.3%	54	54	100.0%	27.6	11	20.4%	36	36	100.0%	36.5	1	2.8%		
2021-Q2	68	68	100.0%	23.5	13	19.1%	26	26	100.0%	15.8	8	30.8%	42	42	100.0%	28.2	5	11.9%		
2021-Q3	87	87	100.0%	38.4	12	13.8%	32	32	100.0%	42.1	2	6.3%	55	55	100.0%	36.2	10	18.2%		
2021-Q4	73	73	100.0%	49.7	7	9.6%	30	30	100.0%	59.6	4	13.3%	43	43	100.0%	42.8	3	7.0%		
2022-Q1	70	70	100.0%	53.3	14	20.0%	32	32	100.0%	57.7	6	18.8%	38	38	100.0%	49.7	8	21.1%		
2022-Q2	62	62	100.0%	63.2	7	11.3%	35	35	100.0%	63.0	5	14.3%	27	27	100.0%	63.4	2	7.4%		
2022-Q3	107	107	100.0%	64.6	18	16.8%	54	54	100.0%	52.8	8	14.8%	53	53	100.0%	76.6	10	18.9%		
2022-Q4	57	57	100.0%	91.2	2	3.5%	25	25	100.0%	107.9	1	4.0%	32	32	100.0%	78.1	1	3.1%		
2023-Q1	33	33	100.0%	62.6	1	3.0%	23	23	100.0%	51.9	1	4.3%	10	10	100.0%	87.2	0	0.0%		
2023-Q2	20	20	100.0%	30.3	4	20.0%	10	10	100.0%	26.4	3	30.0%	10	10	100.0%	34.1	1	10.0%		
2023-Q3	46	46	100.0%	38.4	5	10.9%	14	14	100.0%	39.1	2	14.3%	32	32	100.0%	38.1	3	9.4%		
2023-Q4	29	29	100.0%	25.0	3	10.3%	8	8	100.0%	28.9	0	0.0%	21	21	100.0%	23.5	3	14.3%		
2024-Q1	36	36	100.0%	9.2	16	44.4%	15	15	100.0%	9.3	6	40.0%	21	21	100.0%	9.1	10	47.6%		
2024-Q2	44	41	93.2%	6.1	38	92.7%	15	14	93.3%	6.3	12	85.7%	29	27	93.1%	6.0	26	96.3%		

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 3a above in that it includes all completions, not just those where the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

Notes for **Table 3b.** continued from the previous page:

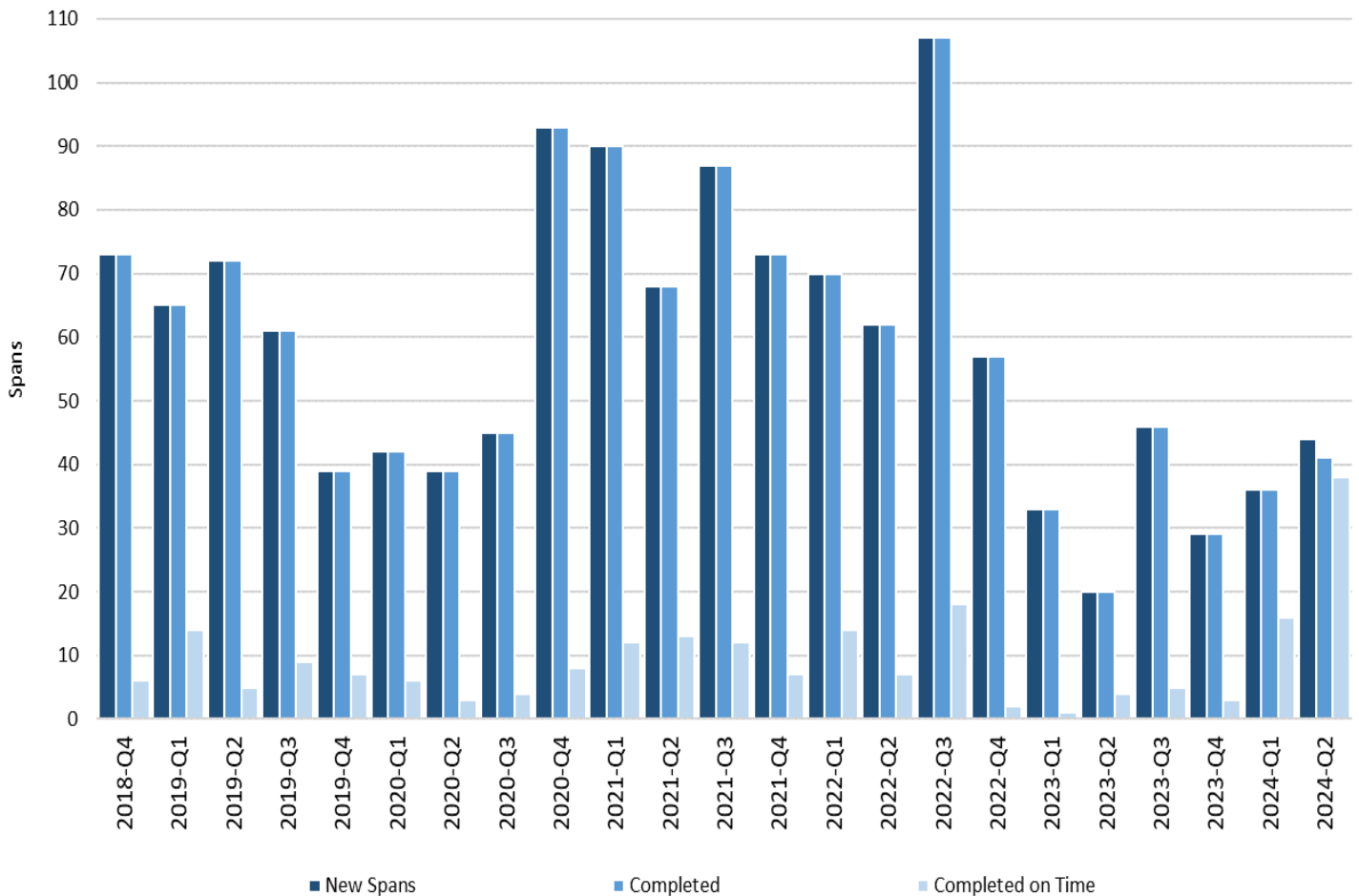
(5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor."

**Figure 3b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER**

COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 3b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 3b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** New inpatient evaluation orders for clients waiting in jail increased 22.2 percent statewide from 36 to 44 in Q2 2024. Of the 41 orders completed (93.2%) under this legal authority

statewide in Q2, 38 were completed on time (92.7%). Order completions include admissions to a state hospital for inpatient competency evaluation plus orders that complete for other reasons such as being withdrawn by the court or the client's status being changed.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small numbers of orders using this legal authority. The percent completed and percent completed on time variables are subject to dramatic swings in both positive and negative directions as a result. Additional orders will continue completing over the next several quarters.

**Drivers:** Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: (1) Court officials determine an inpatient setting is appropriate for a given client or situation; or (2) A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Proceeding through Q2 2024, overall limitations in bed availability and competing bed uses such as competency restorations and civil commitments, can sometimes continue to cause clients with inpatient competency evaluation orders to face waits for admission to state hospital beds that exceed an average of 7.0 days. Admission waits have decreased significantly over the past six quarters since Q4 2022 and continue to trend in the right direction toward substantial compliance with the state's standards. Throughout 2023 and continuing through Q2 2024, a BHA-level executive team has closely managed limited beds to increase client throughput and efficiency of utilization. As part of that process, OFMHS has been educating courts about the timeliness of jail-based evaluations compared to wait times for inpatient evaluations and contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. This approach has been successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed.



5664 QUARTERLY REPORTING

Table 4a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1)  
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

	Percent Admitted on Time (7)						Percent Admitted on Time (7)						Percent Admitted on Time (7)					
	Admitted on Time (7)						Admitted on Time (7)						Admitted on Time (7)					
	Average Days Waiting (6)						Average Days Waiting (6)						Average Days Waiting (6)					
	Percent Admitted (5)						Percent Admitted (5)						Percent Admitted (5)					
	Admitted (5)						Admitted (5)						Admitted (5)					
	New Spans (4)						New Spans (4)						New Spans (4)					
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	3	1	33.3%	0.0	1	100.0%	1	0	0.0%	n/a	0	n/a	2	1	50.0%	0.0	1	100.0%
2019-Q1	8	2	25.0%	1.5	2	100.0%	4	1	25.0%	3.0	1	100.0%	4	1	25.0%	0.0	1	100.0%
2019-Q2	4	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2019-Q3	9	1	11.1%	120.0	0	0.0%	5	0	0.0%	n/a	0	n/a	4	1	25.0%	120.0	0	0.0%
2019-Q4	4	2	50.0%	63.5	0	0.0%	3	1	33.3%	61.0	0	0.0%	1	1	100.0%	66.0	0	0.0%
2020-Q1	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2020-Q2	3	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a
2020-Q3	6	1	16.7%	216.0	0	0.0%	4	0	0.0%	n/a	0	n/a	2	1	50.0%	216.0	0	0.0%
2020-Q4	13	0	0.0%	n/a	0	n/a	11	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2021-Q1	18	4	22.2%	352.0	0	0.0%	8	0	0.0%	n/a	0	n/a	10	4	40.0%	352.0	0	0.0%
2021-Q2	8	0	0.0%	n/a	0	n/a	4	0	0.0%	n/a	0	n/a	4	0	0.0%	n/a	0	n/a
2021-Q3	8	2	25.0%	9.5	2	100.0%	3	1	33.3%	19.0	1	100.0%	5	1	20.0%	0.0	1	100.0%
2021-Q4	3	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2022-Q1	9	0	0.0%	n/a	0	n/a	3	0	0.0%	n/a	0	n/a	6	0	0.0%	n/a	0	n/a
2022-Q2	3	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2022-Q3	4	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2022-Q4	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2023-Q1	9	2	22.2%	45.5	1	50.0%	4	1	25.0%	0.0	1	100.0%	5	1	20.0%	91.0	0	0.0%
2023-Q2	7	3	42.9%	149.3	1	33.3%	5	2	40.0%	224.0	0	0.0%	2	1	50.0%	0.0	1	100.0%
2023-Q3	2	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a	2	0	0.0%	n/a	0	n/a
2023-Q4	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2024-Q1	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2024-Q2	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=89), or while in prison (n=3).
- (3) This data is pulled from the BHA- Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.

Notes for **Table 4a**. continued from the previous page:

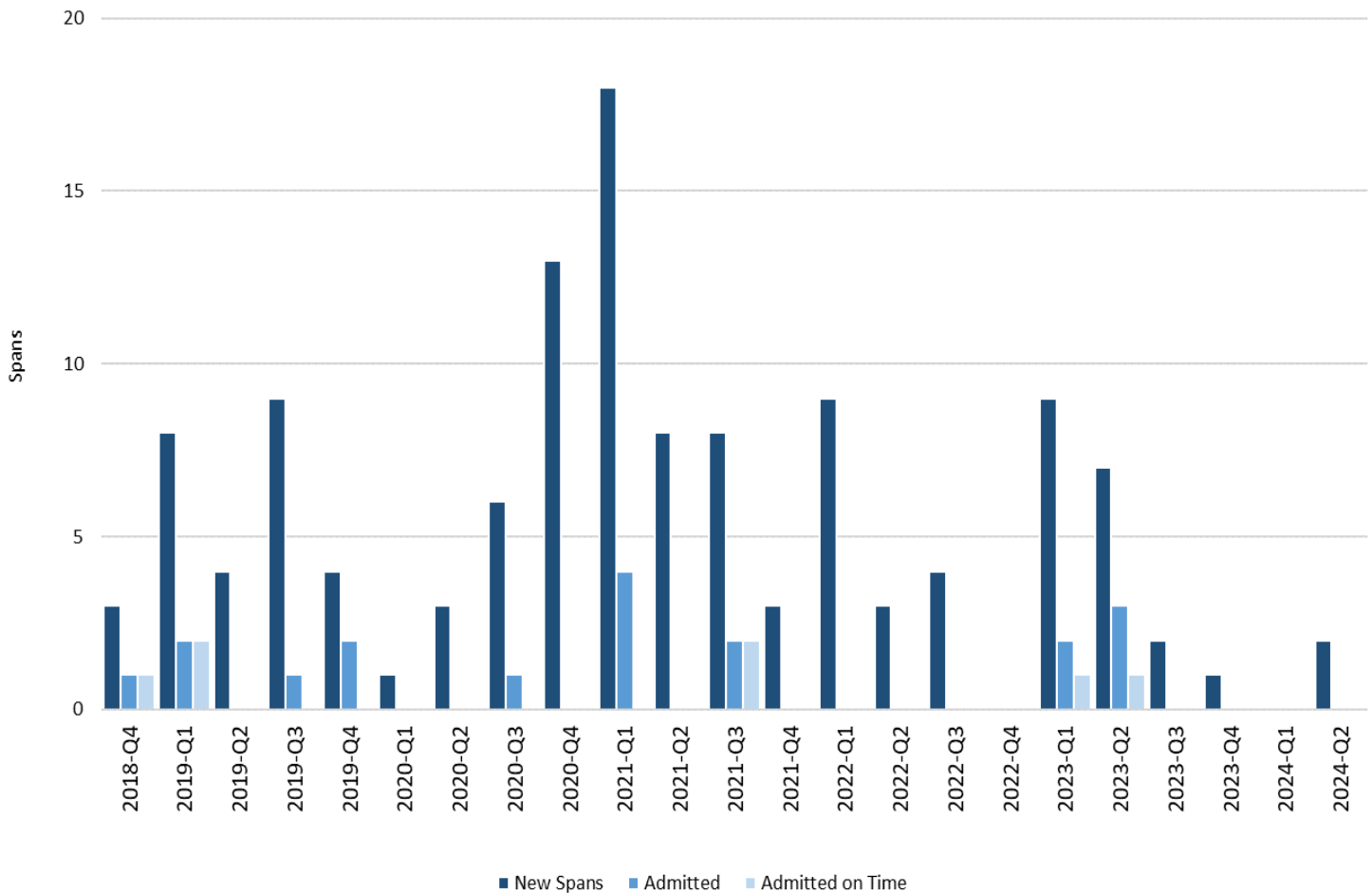
(5) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(6) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 4a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER**  
ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 4a displays the number of new court orders and orders admitted for inpatient competency evaluation services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 4a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

**Outcomes:** For the Q2 2024 reporting period, there were two new inpatient evaluation orders statewide for clients awaiting evaluation services in the community.

**Drivers:** Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload.

Beginning in Q3 2024, an inpatient evaluation order for an out-of-custody individual is first addressed by the respective hospital admissions department. This is much different than a typical inpatient evaluation process as the defendant must appear at the hospital of their own accord at a designated time as determined by hospital admissions personnel. This is often facilitated through their defense attorney. Once a person is admitted into the hospital, the case is then assigned to one of the out-of-custody evaluation team's staff. The out-of-custody team currently has a single evaluator assigned on a rotating basis for weekly coverage for cases such as inpatient evaluation, OCRP end of legal authority evaluations, pre-admission PR evals, home detention competency evaluations, and other coverage needs. The evaluator assigned would be the "coverage" evaluator.

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Table 4b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)  
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

	Percent Completed on Time (7) Completed on Time (7)						Percent Completed on Time (7) Completed on Time (7)						Percent Completed on Time (7) Completed on Time (7)					
	Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)					
	Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)					
	Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)					
	New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)					
STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	3	3	100.0%	55.7	1	33.3%	1	1	100.0%	130.0	0	0.0%	2	2	100.0%	18.5	1	50.0%
2019-Q1	8	8	100.0%	142.6	5	62.5%	4	4	100.0%	34.0	3	75.0%	4	4	100.0%	251.3	2	50.0%
2019-Q2	4	4	100.0%	37.8	2	50.0%	2	2	100.0%	65.0	0	0.0%	2	2	100.0%	10.5	2	100.0%
2019-Q3	9	8	88.9%	221.3	2	25.0%	5	4	80.0%	39.5	1	25.0%	4	4	100.0%	403.0	1	25.0%
2019-Q4	4	4	100.0%	131.8	1	25.0%	3	3	100.0%	153.7	1	33.3%	1	1	100.0%	66.0	0	0.0%
2020-Q1	1	1	100.0%	2.0	1	100.0%	1	1	100.0%	2.0	1	100.0%	0	0	n/a	n/a	0	n/a
2020-Q2	3	3	100.0%	307.3	1	33.3%	2	2	100.0%	336.0	1	50.0%	1	1	100.0%	250.0	0	0.0%
2020-Q3	6	5	83.3%	117.2	0	0.0%	4	3	75.0%	100.3	0	0.0%	2	2	100.0%	142.5	0	0.0%
2020-Q4	13	13	100.0%	143.9	2	15.4%	11	11	100.0%	137.5	1	9.1%	2	2	100.0%	179.0	1	50.0%
2021-Q1	18	17	94.4%	197.1	4	23.5%	8	7	87.5%	231.9	1	14.3%	10	10	100.0%	172.8	3	30.0%
2021-Q2	8	7	87.5%	160.6	3	42.9%	4	4	100.0%	20.8	3	75.0%	4	3	75.0%	347.0	0	0.0%
2021-Q3	8	5	62.5%	176.2	3	60.0%	3	3	100.0%	283.7	2	66.7%	5	2	40.0%	15.0	1	50.0%
2021-Q4	3	2	66.7%	22.0	1	50.0%	1	1	100.0%	44.0	0	0.0%	2	1	50.0%	0.0	1	100.0%
2022-Q1	9	8	88.9%	187.9	3	37.5%	3	3	100.0%	161.7	0	0.0%	6	5	83.3%	203.6	3	60.0%
2022-Q2	3	3	100.0%	350.0	0	0.0%	1	1	100.0%	565.0	0	0.0%	2	2	100.0%	242.5	0	0.0%
2022-Q3	4	1	25.0%	234.0	0	0.0%	2	0	0.0%	n/a	0	n/a	2	1	50.0%	234.0	0	0.0%
2022-Q4	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2023-Q1	9	4	44.4%	64.8	1	25.0%	4	3	75.0%	56.0	1	33.3%	5	1	20.0%	91.0	0	0.0%
2023-Q2	7	6	85.7%	136.5	1	16.7%	5	5	100.0%	163.8	0	0.0%	2	1	50.0%	0.0	1	100.0%
2023-Q3	2	2	100.0%	89.0	0	0.0%	0	0	n/a	n/a	0	n/a	2	2	100.0%	89.0	0	0.0%
2023-Q4	1	1	100.0%	13.0	1	100.0%	1	1	100.0%	13.0	1	100.0%	0	0	n/a	n/a	0	n/a
2024-Q1	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a
2024-Q2	2	1	50.0%	12.0	1	100.0%	1	0	0.0%	n/a	0	n/a	1	1	100.0%	12.0	1	100.0%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=89), or while in prison (n=3).
- (3) This data is pulled from the BHA- Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 4a above in that it includes all completions, not just those where the client was admitted to a facility.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.

Notes for **Table 4b.** continued from the previous page:

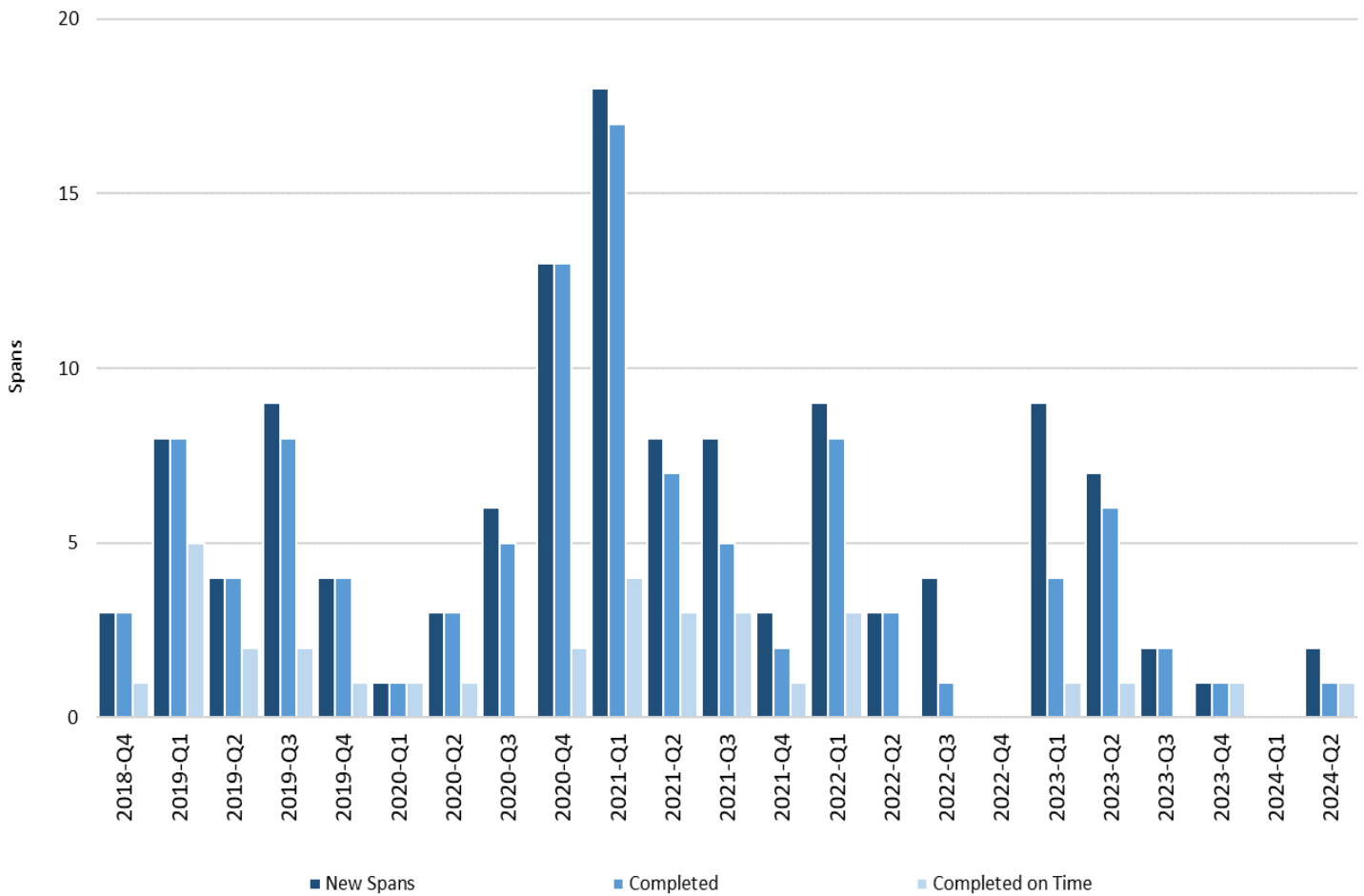
(5) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(6) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 4b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER  
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 4b shows the number of new court orders for inpatient competency evaluation services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 4b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** For the Q2 2024 reporting period, there were two new inpatient evaluation orders statewide for clients awaiting inpatient evaluation services in the community. The average days waiting was 12.0, which is comparable to Q4 2023's 13.0 average days waiting (note: the number of orders is too small to make a meaningful comparison on average days waiting for order completion), and it is a substantial 91.2 percent decrease from Q2 2023's 136.5 average days.

**Drivers:** Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload.

Beginning in Q3 2024, an inpatient evaluation order for an out-of-custody individual is first addressed by the respective hospital admissions department. This is much different than a typical inpatient evaluation process as the defendant must appear at the hospital of their own accord at a designated time as determined by hospital admissions personnel. This is often facilitated through their defense attorney. Once a person is admitted into the hospital, the case is then assigned to one of the out-of-custody evaluation team's staff. The out-of-custody team currently has a single evaluator assigned on a rotating basis for weekly coverage for cases such as inpatient evaluation, OCRP end of legal authority evaluations, pre-admission PR evals, home detention competency evaluations, and other coverage needs. The evaluator assigned would be the "coverage" evaluator.

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Table 5a - INPATIENT CIVIL CONVERSION ORDERS and ADMISSIONS  
for individuals WAITING IN JAIL for services, by quarter (1)

	Percent Admitted on Time (5)							Percent Admitted on Time (5)							Percent Admitted on Time (5)						
	Admitted on Time (5)							Admitted on Time (5)							Admitted on Time (5)						
	Average Days Waiting (4)							Average Days Waiting (4)							Average Days Waiting (4)						
	Percent Admitted (3)							Percent Admitted (3)							Percent Admitted (3)						
	Admitted (3)							Admitted (3)							Admitted (3)						
	New Spans (2)							New Spans (2)							New Spans (2)						
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	52	46	88.5%	6.8	45	97.8%	20	15	75.0%	2.7	15	100.0%	32	31	96.9%	8.8	30	96.8%			
2019-Q1	62	56	90.3%	5.0	55	98.2%	12	9	75.0%	5.2	9	100.0%	50	47	94.0%	5.0	46	97.9%			
2019-Q2	103	94	91.3%	5.0	93	98.9%	19	16	84.2%	5.6	16	100.0%	84	78	92.9%	4.9	77	98.7%			
2019-Q3	101	93	92.1%	5.3	93	100.0%	27	20	74.1%	5.6	20	100.0%	74	73	98.6%	5.3	73	100.0%			
2019-Q4	68	62	91.2%	6.5	62	100.0%	7	4	57.1%	7.0	4	100.0%	61	58	95.1%	6.5	58	100.0%			
2020-Q1	75	70	93.3%	7.1	70	100.0%	13	9	69.2%	6.2	9	100.0%	62	61	98.4%	7.2	61	100.0%			
2020-Q2	55	51	92.7%	8.0	49	96.1%	10	7	70.0%	7.7	5	71.4%	45	44	97.8%	8.0	44	100.0%			
2020-Q3	87	75	86.2%	10.1	73	97.3%	19	15	78.9%	10.0	14	93.3%	68	60	88.2%	10.2	59	98.3%			
2020-Q4	88	83	94.3%	11.4	81	97.6%	14	10	71.4%	12.1	8	80.0%	74	73	98.6%	11.3	73	100.0%			
2021-Q1	70	56	80.0%	9.8	52	92.9%	20	7	35.0%	9.9	4	57.1%	50	49	98.0%	9.7	48	98.0%			
2021-Q2	48	47	97.9%	9.3	47	100.0%	9	9	100.0%	7.8	9	100.0%	39	38	97.4%	9.7	38	100.0%			
2021-Q3	69	64	92.8%	9.9	64	100.0%	11	8	72.7%	10.4	8	100.0%	58	56	96.6%	9.8	56	100.0%			
2021-Q4	64	61	95.3%	9.9	59	96.7%	19	18	94.7%	11.0	16	88.9%	45	43	95.6%	9.4	43	100.0%			
2022-Q1	105	94	89.5%	10.7	87	92.6%	23	23	100.0%	12.9	16	69.6%	82	71	86.6%	10.0	71	100.0%			
2022-Q2	85	71	83.5%	12.3	68	95.8%	29	19	65.5%	12.4	17	89.5%	56	52	92.9%	12.2	51	98.1%			
2022-Q3	126	117	92.9%	11.9	97	82.9%	47	45	95.7%	13.9	25	55.6%	79	72	91.1%	10.7	72	100.0%			
2022-Q4	125	99	79.2%	12.2	88	88.9%	21	19	90.5%	13.8	14	73.7%	104	80	76.9%	11.9	74	92.5%			
2023-Q1	76	50	65.8%	12.5	49	98.0%	13	8	61.5%	12.1	7	87.5%	63	42	66.7%	12.5	42	100.0%			
2023-Q2	84	59	70.2%	12.3	53	89.8%	24	19	79.2%	12.4	14	73.7%	60	40	66.7%	12.3	39	97.5%			
2023-Q3	70	14	20.0%	11.9	13	92.9%	12	3	25.0%	8.7	3	100.0%	58	11	19.0%	12.7	10	90.9%			
2023-Q4	57	55	96.5%	11.9	53	96.4%	13	13	100.0%	10.1	13	100.0%	44	42	95.5%	12.4	40	95.2%			
2024-Q1	43	40	93.0%	12.5	39	97.5%	9	7	77.8%	11.1	7	100.0%	34	33	97.1%	12.8	32	97.0%			
2024-Q2	53	42	79.2%	11.0	41	97.6%	23	17	73.9%	8.8	17	100.0%	30	25	83.3%	12.5	24	96.0%			

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

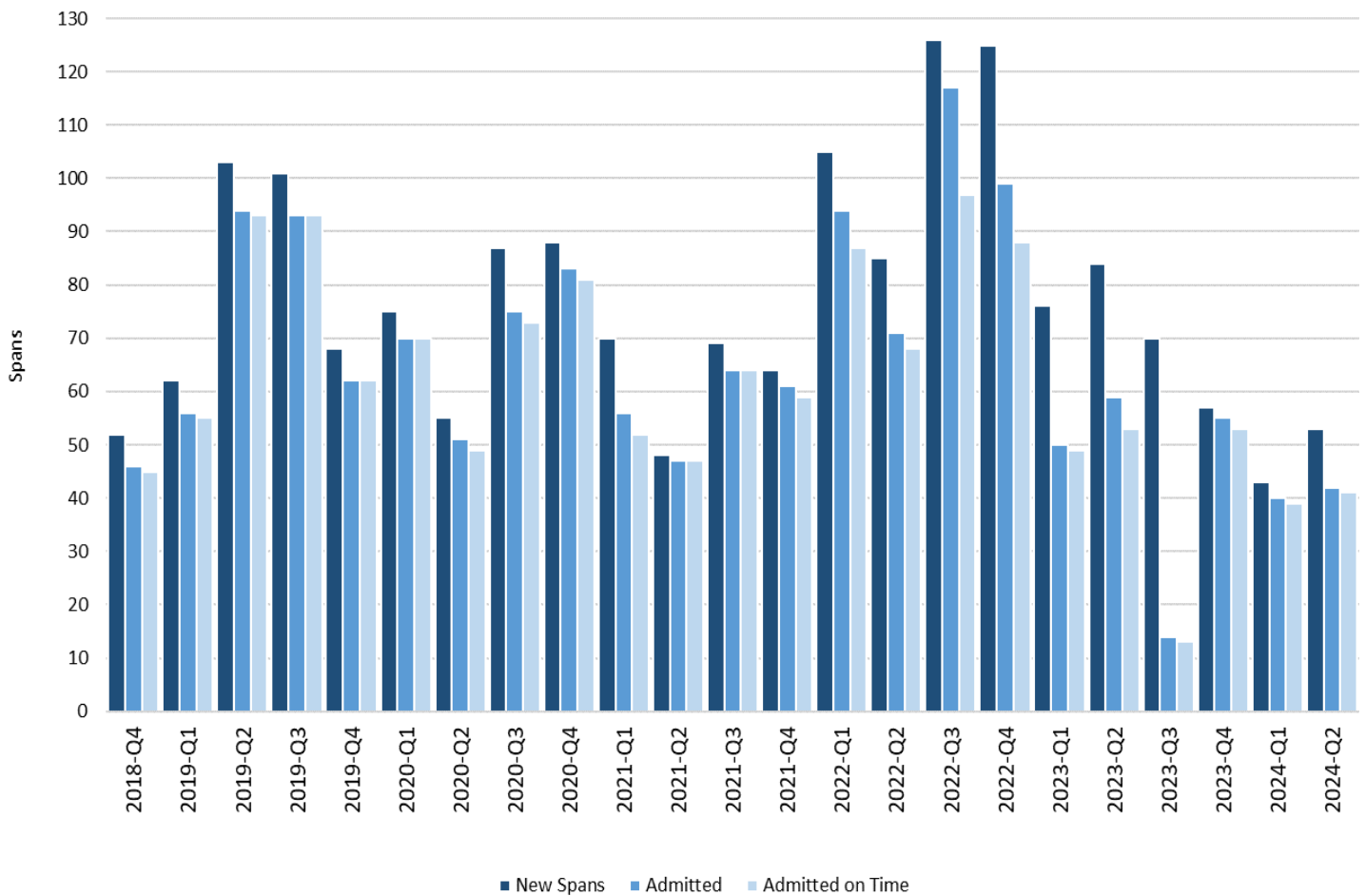
Notes for **Table 5a**. continued from the previous page:

(4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 5a - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER**  
ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 5a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 5a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.



**Outcomes:** Civil conversion orders statewide increased significantly (23.3%) in Q2 2024 to 53 from 43 in Q1 2024. Of the 42 orders admitted, the average days waiting was 11.0 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 97.6 percent admitted on time in 21 days or less.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

Prior to the pandemic, average days waiting on civil conversion orders had been slowly increasing for years, but both hospitals remained within the target range. The COVID-19 pandemic, which changed-over from pandemic to endemic in early 2023, began in February 2020 and exerted its influence on BHA facilities and performance for nearly three years.

An important systemic success has been the elimination of the long-term forensic risk assessment backlog for civil patients at WSH. Complete elimination of the civil FRA backlog, and the continued opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Recent growth in the numbers of civil conversion cases and subsequent lack of bed availability has significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions. During calendar year 2022, civil conversion cases grew dramatically, increasing 75.7 percent as compared to calendar year 2021. Improved performance on this target will be substantially aided by staff eliminating the remaining backlog of forensic risk assessments at ESH.

During calendar year 2023, a significant statewide decrease in inpatient civil conversion orders was observed following calendar year 2022's rapid and significant increases in orders. 2023's significant decrease has persisted through at least Q2 2024. While the absolute number of civil conversion orders increased in Q2 2024, overall numbers through two quarters remain substantially below the total number of calendar year 2023 orders. A likely factor that contributed to Q2 2024's temporary increase would be a small rebound effect in total competency services demand following seasonal reduction in competency evaluation and restoration orders, which led to fewer non-restorable clients. As for decreasing demand during Q3-Q4 2023 and Q1-Q2 2024, improvements in admission wait times and subsequent absence of jail dismissals have contributed significantly to the recent declines as well as that civil orders typically function as a subset of overall competency orders. As competency orders decrease, civil orders typically decrease as well.

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Table 5b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS  
for individuals WAITING IN JAIL for services, by quarter (1)

	Percent Completed on Time (5) Completed on Time (5)						Percent Completed on Time (5) Completed on Time (5)						Percent Completed on Time (5) Completed on Time (5)					
	Average Days Waiting (4)			Average Days Waiting (4)			Average Days Waiting (4)			Average Days Waiting (4)			Average Days Waiting (4)					
	Percent Completed (3)		Percent Completed (3)		Percent Completed (3)		Percent Completed (3)		Percent Completed (3)		Percent Completed (3)		Percent Completed (3)					
	Completed (3)		Completed (3)		Completed (3)		Completed (3)		Completed (3)		Completed (3)		Completed (3)					
	New Spans (2)		New Spans (2)		New Spans (2)		New Spans (2)		New Spans (2)		New Spans (2)		New Spans (2)					
STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL						
2018-Q4	52	52	100.0%	6.1	51	98.1%	20	20	100.0%	2.1	20	100.0%	32	32	100.0%	8.6	31	96.9%
2019-Q1	62	62	100.0%	5.3	60	96.8%	12	12	100.0%	4.2	12	100.0%	50	50	100.0%	5.6	48	96.0%
2019-Q2	103	103	100.0%	4.9	102	99.0%	19	19	100.0%	5.4	19	100.0%	84	84	100.0%	4.8	83	98.8%
2019-Q3	101	101	100.0%	5.1	101	100.0%	27	27	100.0%	4.7	27	100.0%	74	74	100.0%	5.2	74	100.0%
2019-Q4	68	68	100.0%	6.5	68	100.0%	7	7	100.0%	6.9	7	100.0%	61	61	100.0%	6.4	61	100.0%
2020-Q1	75	75	100.0%	7.3	74	98.7%	13	13	100.0%	7.9	12	92.3%	62	62	100.0%	7.2	62	100.0%
2020-Q2	55	55	100.0%	8.2	52	94.5%	10	10	100.0%	9.6	7	70.0%	45	45	100.0%	7.9	45	100.0%
2020-Q3	87	87	100.0%	11.1	81	93.1%	19	19	100.0%	13.6	17	89.5%	68	68	100.0%	10.4	64	94.1%
2020-Q4	88	88	100.0%	11.2	85	96.6%	14	14	100.0%	11.5	11	78.6%	74	74	100.0%	11.2	74	100.0%
2021-Q1	70	70	100.0%	9.6	65	92.9%	20	20	100.0%	9.7	16	80.0%	50	50	100.0%	9.6	49	98.0%
2021-Q2	48	48	100.0%	9.3	48	100.0%	9	9	100.0%	7.8	9	100.0%	39	39	100.0%	9.6	39	100.0%
2021-Q3	69	69	100.0%	9.5	69	100.0%	11	11	100.0%	9.3	11	100.0%	58	58	100.0%	9.6	58	100.0%
2021-Q4	64	64	100.0%	9.6	62	96.9%	19	19	100.0%	10.8	17	89.5%	45	45	100.0%	9.1	45	100.0%
2022-Q1	105	105	100.0%	10.5	95	90.5%	23	23	100.0%	12.9	16	69.6%	82	82	100.0%	9.8	79	96.3%
2022-Q2	85	85	100.0%	12.0	79	92.9%	29	29	100.0%	11.3	25	86.2%	56	56	100.0%	12.3	54	96.4%
2022-Q3	126	126	100.0%	11.4	105	83.3%	47	47	100.0%	13.8	26	55.3%	79	79	100.0%	10.0	79	100.0%
2022-Q4	125	125	100.0%	11.3	111	88.8%	21	21	100.0%	12.8	16	76.2%	104	104	100.0%	11.0	95	91.3%
2023-Q1	76	76	100.0%	11.2	75	98.7%	13	13	100.0%	9.9	12	92.3%	63	63	100.0%	11.5	63	100.0%
2023-Q2	84	84	100.0%	11.6	78	92.9%	24	24	100.0%	11.9	19	79.2%	60	60	100.0%	11.5	59	98.3%
2023-Q3	70	70	100.0%	8.9	68	97.1%	12	12	100.0%	7.9	12	100.0%	58	58	100.0%	9.1	56	96.6%
2023-Q4	57	57	100.0%	11.7	55	96.5%	13	13	100.0%	10.1	13	100.0%	44	44	100.0%	12.2	42	95.5%
2024-Q1	43	43	100.0%	11.9	42	97.7%	9	9	100.0%	9.4	9	100.0%	34	34	100.0%	12.5	33	97.1%
2024-Q2	53	49	92.5%	10.0	48	98.0%	23	21	91.3%	7.7	21	100.0%	30	28	93.3%	11.7	27	96.4%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 5a above in that it includes all completions, not just those where the client was admitted to a facility.

(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

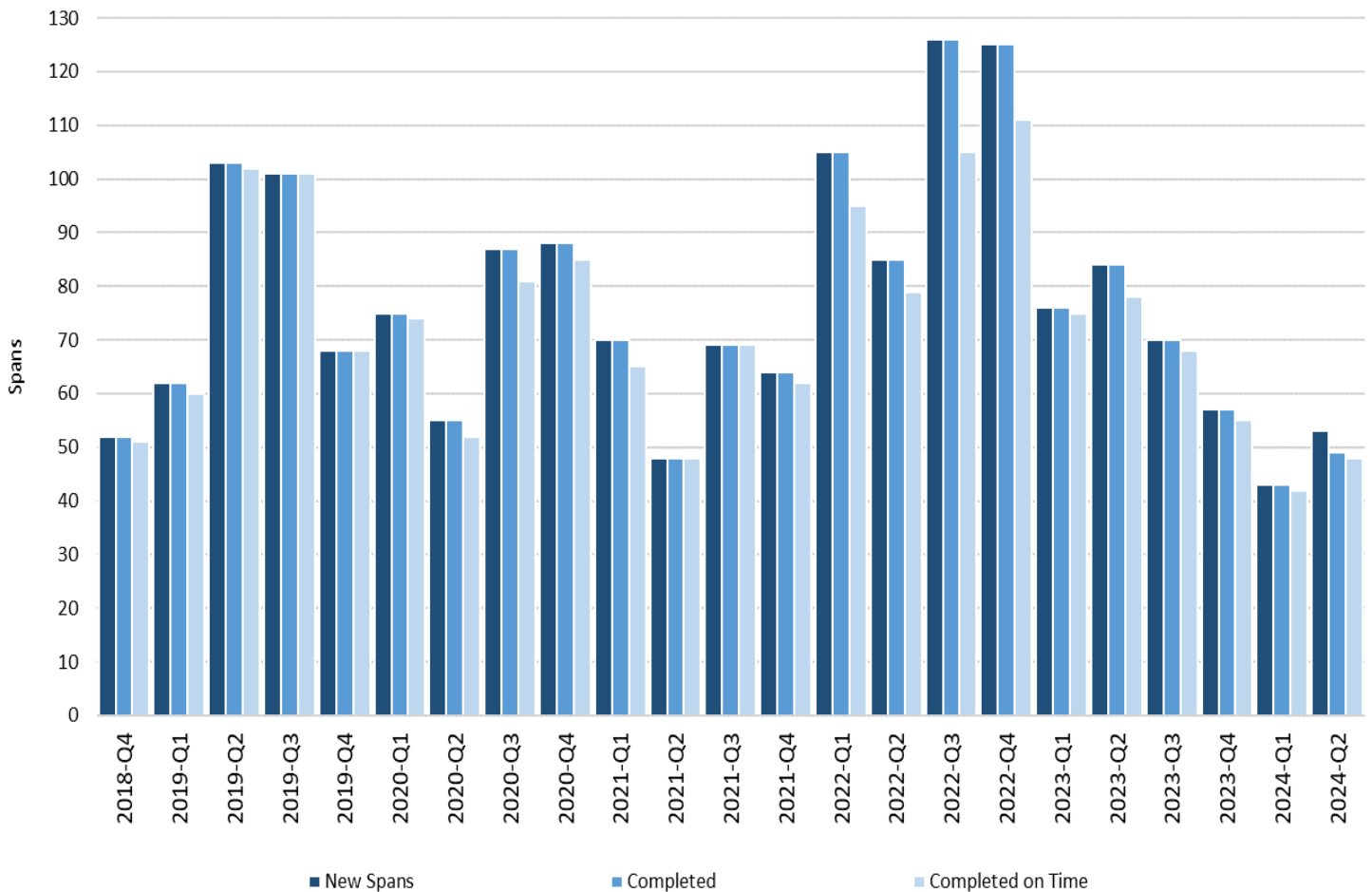
Notes for **Table 5b**. continued from the previous page:

(4) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 5b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER**  
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 5b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 5b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** Civil conversion orders statewide increased significantly (23.3%) in Q2 2024 to 53, from 43 in Q1 2024. Of the 53 orders in Q2 2024, 48 were completed either through admission to a civil bed or another means such as order withdrawn by the court or client status change. The

average days waiting was 10 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 98.0 percent of orders completed on time.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

Prior to the pandemic, average days waiting on civil conversion orders had been slowly increasing for years, but both hospitals remained within the target range. The COVID-19 pandemic, which changed-over from pandemic to endemic in early 2023, began in February 2020 and exerted its influence on BHA facilities and performance for nearly three years.

An important systemic success has been the elimination of the long-term forensic risk assessment backlog for civil patients at WSH. Complete elimination of the civil FRA backlog, and the continued opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Recent growth in the numbers of civil conversion cases and subsequent lack of bed availability has significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions. During calendar year 2022, civil conversion cases grew dramatically, increasing 75.7 percent as compared to calendar year 2021. Improved performance on this target will be substantially aided by staff eliminating the remaining backlog of forensic risk assessments at ESH.

During calendar year 2023, a significant statewide decrease in inpatient civil conversion orders was observed following calendar year 2022's rapid and significant increases in orders. 2023's significant decrease has persisted through at least Q2 2024. While the absolute number of civil conversion orders increased in Q2 2024, overall numbers through two quarters remain substantially below the total number of calendar year 2023 orders. A likely factor that contributed to Q2 2024's temporary increase would be a small rebound effect in total competency services demand following seasonal reduction in competency evaluation and restoration orders, which led to fewer non-restorable clients. As for decreasing demand during Q3-Q4 2023 and Q1-Q2 2024, improvements in admission wait times and subsequent absence of jail dismissals have contributed significantly to the recent declines.

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Table 6a - INPATIENT CIVIL CONVERSION ORDERS and ADMISSIONS  
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

	Percent Admitted on Time (6)						Percent Admitted on Time (6)						Percent Admitted on Time (6)					
	Admitted on Time (6)						Admitted on Time (6)						Admitted on Time (6)					
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)					
	Percent Admitted (4)						Percent Admitted (4)						Percent Admitted (4)					
	Admitted (4)						Admitted (4)						Admitted (4)					
	New Spans (3)						New Spans (3)						New Spans (3)					
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	39	33	84.6%	4.9	32	97.0%	7	2	28.6%	1.0	2	100.0%	32	31	96.9%	5.2	30	96.8%
2019-Q1	4	1	25.0%	248.0	0	0.0%	1	0	0.0%	n/a	0	n/a	3	1	33.3%	248.0	0	0.0%
2019-Q2	15	5	33.3%	189.4	2	40.0%	9	2	22.2%	0.0	2	100.0%	6	3	50.0%	315.7	0	0.0%
2019-Q3	11	5	45.5%	1.0	5	100.0%	6	4	66.7%	0.3	4	100.0%	5	1	20.0%	4.0	1	100.0%
2019-Q4	29	17	58.6%	173.5	12	70.6%	15	8	53.3%	1.4	8	100.0%	14	9	64.3%	326.6	4	44.4%
2020-Q1	5	3	60.0%	2.7	3	100.0%	0	0	n/a	n/a	0	n/a	5	3	60.0%	2.7	3	100.0%
2020-Q2	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a
2020-Q3	7	4	57.1%	41.5	2	50.0%	2	2	100.0%	75.0	0	0.0%	5	2	40.0%	8.0	2	100.0%
2020-Q4	9	1	11.1%	4.0	1	100.0%	5	0	0.0%	n/a	0	n/a	4	1	25.0%	4.0	1	100.0%
2021-Q1	15	2	13.3%	100.5	1	50.0%	9	0	0.0%	n/a	0	n/a	6	2	33.3%	100.5	1	50.0%
2021-Q2	5	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a	5	0	0.0%	n/a	0	n/a
2021-Q3	10	1	10.0%	693.0	0	0.0%	4	0	0.0%	n/a	0	n/a	6	1	16.7%	693.0	0	0.0%
2021-Q4	6	1	16.7%	761.0	0	0.0%	3	0	0.0%	n/a	0	n/a	3	1	33.3%	761.0	0	0.0%
2022-Q1	4	3	75.0%	461.0	1	33.3%	1	0	0.0%	n/a	0	n/a	3	3	100.0%	461.0	1	33.3%
2022-Q2	7	1	14.3%	157.0	0	0.0%	2	0	0.0%	n/a	0	n/a	5	1	20.0%	157.0	0	0.0%
2022-Q3	8	2	25.0%	153.0	1	50.0%	1	0	0.0%	n/a	0	n/a	7	2	28.6%	153.0	1	50.0%
2022-Q4	24	2	8.3%	169.0	1	50.0%	0	0	n/a	n/a	0	n/a	24	2	8.3%	169.0	1	50.0%
2023-Q1	4	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a	4	0	0.0%	n/a	0	n/a
2023-Q2	6	3	50.0%	183.3	1	33.3%	1	0	0.0%	n/a	0	n/a	5	3	60.0%	183.3	1	33.3%
2023-Q3	9	1	11.1%	30.0	0	0.0%	0	0	n/a	n/a	0	n/a	9	1	11.1%	30.0	0	0.0%
2023-Q4	12	3	25.0%	64.0	0	0.0%	2	2	100.0%	40.0	0	0.0%	10	1	10.0%	112.0	0	0.0%
2024-Q1	8	2	25.0%	24.5	1	50.0%	1	0	0.0%	n/a	0	n/a	7	2	28.6%	24.5	1	50.0%
2024-Q2	15	6	40.0%	16.7	4	66.7%	2	0	0.0%	n/a	0	n/a	13	6	46.2%	16.7	4	66.7%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=1,132), or while in prison (n=6).

(2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

(3) The number of new court order spans; beginning with a new signed order for individuals waiting in the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.

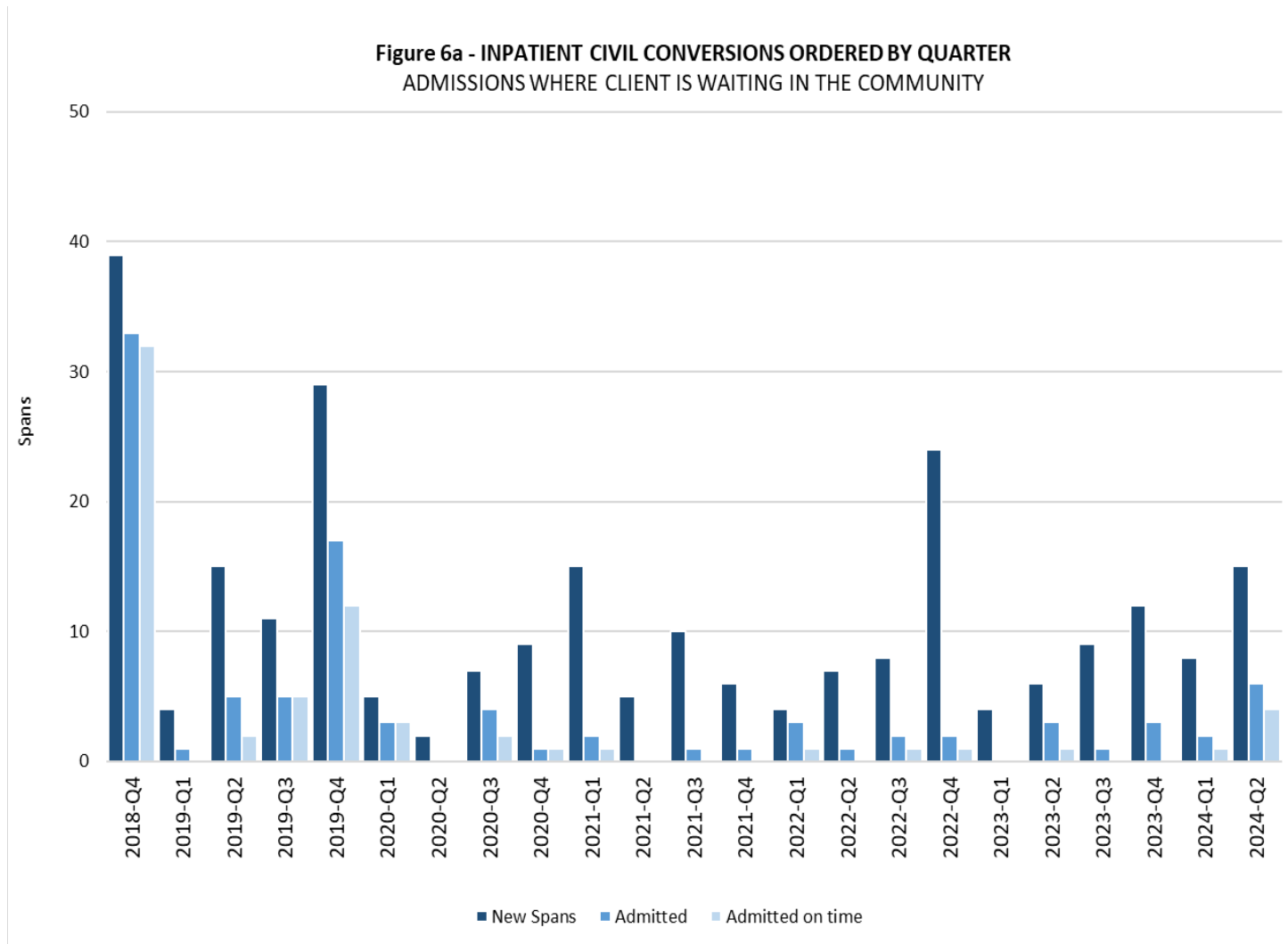
(4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

Notes for **Table 6a**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 6a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 6a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

**Outcomes:** In the Q2 2024 reporting period, inpatient civil conversion orders for individuals on personal recognizance increased from eight to 15. Of the 15 new orders in Q2, six orders were admitted (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with an on-time admission rate of 66.7 percent. As time elapses, orders from the current quarter may begin to admit in future quarters or will otherwise be brought to completion.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. New forensic and civil beds came online in Q2 and Q4 2023 and in Q1 2024. These beds already have provided additional capacity and flexibility for patient care. Three 16-bed units at the Brockmann Campus in Vancouver are expected to come online in 2025, which should provide additional flexibility to make more options for civil treatment available, while continuing to reduce wait times for both civil and forensic patients.

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Table 6b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)

	Percent Completed on Time (6) Completed on Time (6)						Percent Completed on Time (6) Completed on Time (6)						Percent Completed on Time (6) Completed on Time (6)					
	Average Days Waiting (5)			Average Days Waiting (5)			Average Days Waiting (5)			Average Days Waiting (5)			Average Days Waiting (5)					
	Percent Completed (4)		Percent Completed (4)		Percent Completed (4)		Percent Completed (4)		Percent Completed (4)		Percent Completed (4)		Percent Completed (4)					
	Completed (4)		Completed (4)		Completed (4)		Completed (4)		Completed (4)		Completed (4)		Completed (4)					
	New Spans (3)		New Spans (3)		New Spans (3)		New Spans (3)		New Spans (3)		New Spans (3)		New Spans (3)					
	STATEWIDE						EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	39	38	97.4%	4.4	37	97.4%	7	7	100.0%	1.1	7	100.0%	32	31	96.9%	5.2	30	96.8%
2019-Q1	4	4	100.0%	117.3	1	25.0%	1	1	100.0%	0.0	1	100.0%	3	3	100.0%	156.3	0	0.0%
2019-Q2	15	12	80.0%	79.5	9	75.0%	9	9	100.0%	0.8	9	100.0%	6	3	50.0%	315.7	0	0.0%
2019-Q3	11	9	81.8%	1.9	9	100.0%	6	6	100.0%	0.2	6	100.0%	5	3	60.0%	5.3	3	100.0%
2019-Q4	29	25	86.2%	136.8	19	76.0%	15	15	100.0%	31.7	14	93.3%	14	10	71.4%	294.5	5	50.0%
2020-Q1	5	5	100.0%	262.2	3	60.0%	0	0	n/a	n/a	0	n/a	5	5	100.0%	262.2	3	60.0%
2020-Q2	2	2	100.0%	264.5	0	0.0%	1	1	100.0%	25.0	0	0.0%	1	1	100.0%	504.0	0	0.0%
2020-Q3	7	7	100.0%	214.1	2	28.6%	2	2	100.0%	75.0	0	0.0%	5	5	100.0%	269.8	2	40.0%
2020-Q4	9	9	100.0%	123.7	6	66.7%	5	5	100.0%	6.8	5	100.0%	4	4	100.0%	269.8	1	25.0%
2021-Q1	15	14	93.3%	93.9	12	85.7%	9	9	100.0%	10.9	9	100.0%	6	5	83.3%	243.2	3	60.0%
2021-Q2	5	3	60.0%	264.0	0	0.0%	0	0	n/a	n/a	0	n/a	5	3	60.0%	264.0	0	0.0%
2021-Q3	10	6	60.0%	292.2	2	33.3%	4	4	100.0%	265.0	1	25.0%	6	2	33.3%	346.5	1	50.0%
2021-Q4	6	5	83.3%	160.0	2	40.0%	3	3	100.0%	12.3	1	33.3%	3	2	66.7%	381.5	1	50.0%
2022-Q1	4	4	100.0%	349.5	1	25.0%	1	1	100.0%	15.0	0	0.0%	3	3	100.0%	461.0	1	33.3%
2022-Q2	7	4	57.1%	46.0	3	75.0%	2	2	100.0%	13.0	2	100.0%	5	2	40.0%	79.0	1	50.0%
2022-Q3	8	5	62.5%	148.0	1	20.0%	1	1	100.0%	183.0	0	0.0%	7	4	57.1%	139.3	1	25.0%
2022-Q4	24	16	66.7%	21.1	15	93.8%	0	0	n/a	n/a	0	n/a	24	16	66.7%	21.1	15	93.8%
2023-Q1	4	4	100.0%	88.0	3	75.0%	0	0	n/a	n/a	0	n/a	4	4	100.0%	88.0	3	75.0%
2023-Q2	6	3	50.0%	183.3	1	33.3%	1	0	0.0%	n/a	0	n/a	5	3	60.0%	183.3	1	33.3%
2023-Q3	9	3	33.3%	103.3	1	33.3%	0	0	n/a	n/a	0	n/a	9	3	33.3%	103.3	1	33.3%
2023-Q4	12	5	41.7%	74.6	0	0.0%	2	2	100.0%	40.0	0	0.0%	10	3	30.0%	97.7	0	0.0%
2024-Q1	8	4	50.0%	24.5	2	50.0%	1	1	100.0%	49.0	0	0.0%	7	3	42.9%	16.3	2	66.7%
2024-Q2	15	6	40.0%	16.7	4	66.7%	2	0	0.0%	n/a	0	n/a	13	6	46.2%	16.7	4	66.7%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=1,132), or while in prison (n=6).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 6a above in that it includes all completions, not just those were the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while in the community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.



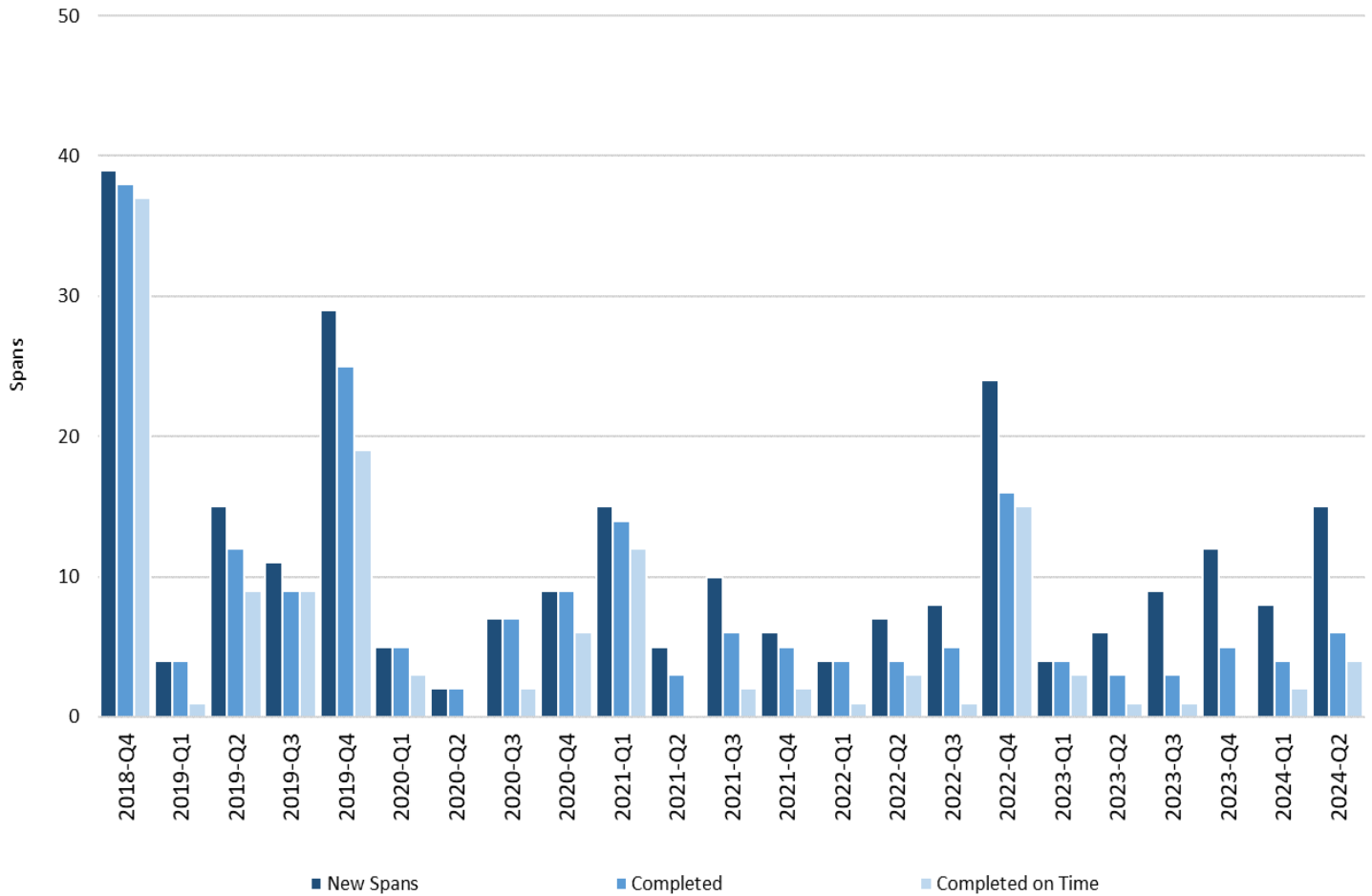
Notes for **Table 6b**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 6b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER**  
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 6b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 6b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

**Outcomes:** In the Q2 2024 reporting period, inpatient civil conversion orders for individuals on personal recognizance increased from eight to 15. Of the 15 new orders in Q2 2024, six were completed (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with an on-time completion rate of 66.7 percent. As time elapses, orders from the current quarter may begin to admit in future quarters or will otherwise be brought to completion.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. New forensic and civil beds came online in Q2 and Q4 2023 and in Q1 2024. These beds already have provided additional capacity and flexibility for patient care. Three 16-bed units at the Brockmann Campus in Vancouver are expected to come online in 2025, which should provide additional flexibility to make more options for civil treatment available, while continuing to reduce wait times for both civil and forensic patients.

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Table 7a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)  
for individuals WAITING IN JAIL for services, by quarter (2)

		Percent Reports Sent on Time (6)					Percent Reports Sent on Time (6)					Percent Reports Sent on Time (6)						
		Reports Sent on Time (6)					Reports Sent on Time (6)					Reports Sent on Time (6)						
		Average Days Waiting (5)					Average Days Waiting (5)					Average Days Waiting (5)						
		Percent Reports Sent (4)					Percent Reports Sent (4)					Percent Reports Sent (4)						
		Reports Sent (4)					Reports Sent (4)					Reports Sent (4)						
		New Spans (3)					New Spans (3)					New Spans (3)						
		STATEWIDE					EASTERN STATE HOSPITAL					WESTERN STATE HOSPITAL						
Quarter	New Spans (3)	Reports Sent (4)	Percent Reports Sent (4)	Average Days Waiting (5)	Reports Sent on Time (6)	Percent Reports Sent on Time (6)	New Spans (3)	Reports Sent (4)	Percent Reports Sent (4)	Average Days Waiting (5)	Reports Sent on Time (6)	Percent Reports Sent on Time (6)	New Spans (3)	Reports Sent (4)	Percent Reports Sent (4)	Average Days Waiting (5)	Reports Sent on Time (6)	Percent Reports Sent on Time (6)
2018-Q4	984	909	92.4%	12.2	764	84.0%	205	174	84.9%	14.1	123	70.7%	779	735	94.4%	11.8	641	87.2%
2019-Q1	1,033	940	91.0%	12.8	780	83.0%	201	173	86.1%	14.7	123	71.1%	832	767	92.2%	12.4	657	85.7%
2019-Q2	1,202	1,097	91.3%	13.1	890	81.1%	248	221	89.1%	14.3	166	75.1%	954	876	91.8%	12.8	724	82.6%
2019-Q3	1,298	1,207	93.0%	12.3	1,034	85.7%	248	228	91.9%	12.6	183	80.3%	1,050	979	93.2%	12.2	851	86.9%
2019-Q4	1,292	1,198	92.7%	13.0	972	81.1%	239	214	89.5%	14.2	150	70.1%	1,053	984	93.4%	12.7	822	83.5%
2020-Q1	1,205	1,098	91.1%	13.3	914	83.2%	209	191	91.4%	14.4	151	79.1%	996	907	91.1%	13.0	763	84.1%
2020-Q2	728	659	90.5%	13.3	514	78.0%	107	98	91.6%	12.9	87	88.8%	621	561	90.3%	13.3	427	76.1%
2020-Q3	1,093	1,021	93.4%	12.2	892	87.4%	199	175	87.9%	12.8	144	82.3%	894	846	94.6%	12.1	748	88.4%
2020-Q4	1,005	930	92.5%	13.1	780	83.9%	192	164	85.4%	13.3	135	82.3%	813	766	94.2%	13.0	645	84.2%
2021-Q1	1,079	983	91.1%	12.4	867	88.2%	244	220	90.2%	13.4	179	81.4%	835	763	91.4%	12.1	688	90.2%
2021-Q2	1,202	1,097	91.3%	12.6	943	86.0%	250	228	91.2%	12.8	180	78.9%	952	869	91.3%	12.6	763	87.8%
2021-Q3	1,514	1,397	92.3%	14.3	1,126	80.6%	315	285	90.5%	15.7	191	67.0%	1,199	1,112	92.7%	13.9	935	84.1%
2021-Q4	1,476	1,349	91.4%	14.2	1,117	82.8%	305	272	89.2%	17.1	182	66.9%	1,171	1,077	92.0%	13.5	935	86.8%
2022-Q1	1,505	1,382	91.8%	14.3	1,117	80.8%	335	295	88.1%	18.8	123	41.7%	1,170	1,087	92.9%	13.0	994	91.4%
2022-Q2	1,688	1,528	90.5%	15.3	1,235	80.8%	398	345	86.7%	20.9	154	44.6%	1,290	1,183	91.7%	13.6	1,081	91.4%
2022-Q3	1,814	1,593	87.8%	16.1	1,210	76.0%	408	324	79.4%	23.1	103	31.8%	1,406	1,269	90.3%	14.3	1,107	87.2%
2022-Q4	1,471	1,330	90.4%	15.0	1,090	82.0%	293	253	86.3%	17.3	166	65.6%	1,178	1,077	91.4%	14.4	924	85.8%
2023-Q1	1,652	1,530	92.6%	14.2	1,409	92.1%	306	289	94.4%	16.2	269	93.1%	1,346	1,241	92.2%	13.8	1,140	91.9%
2023-Q2	1,633	1,485	90.9%	13.9	1,371	92.3%	290	278	95.9%	15.0	252	90.6%	1,343	1,207	89.9%	13.7	1,119	92.7%
2023-Q3	1,578	1,424	90.2%	14.4	1,283	90.1%	294	275	93.5%	15.1	259	94.2%	1,284	1,149	89.5%	14.3	1,024	89.1%
2023-Q4	1,470	1,330	90.5%	15.0	1,134	85.3%	245	232	94.7%	14.3	212	91.4%	1,225	1,098	89.6%	15.1	922	84.0%
2024-Q1	1479	1381	93.4%	14.0	1189	86.1%	266	261	98.1%	12.8	246	94.3%	1213	1120	92.3%	14.3	943	84.2%
2024-Q2	1671	1293	77.4%	12.7	1177	91.0%	291	263	90.4%	10.3	261	99.2%	1380	1030	74.6%	13.4	916	88.9%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all completions by report sent to court for the new court order spans, regardless of when the report is sent to the court.

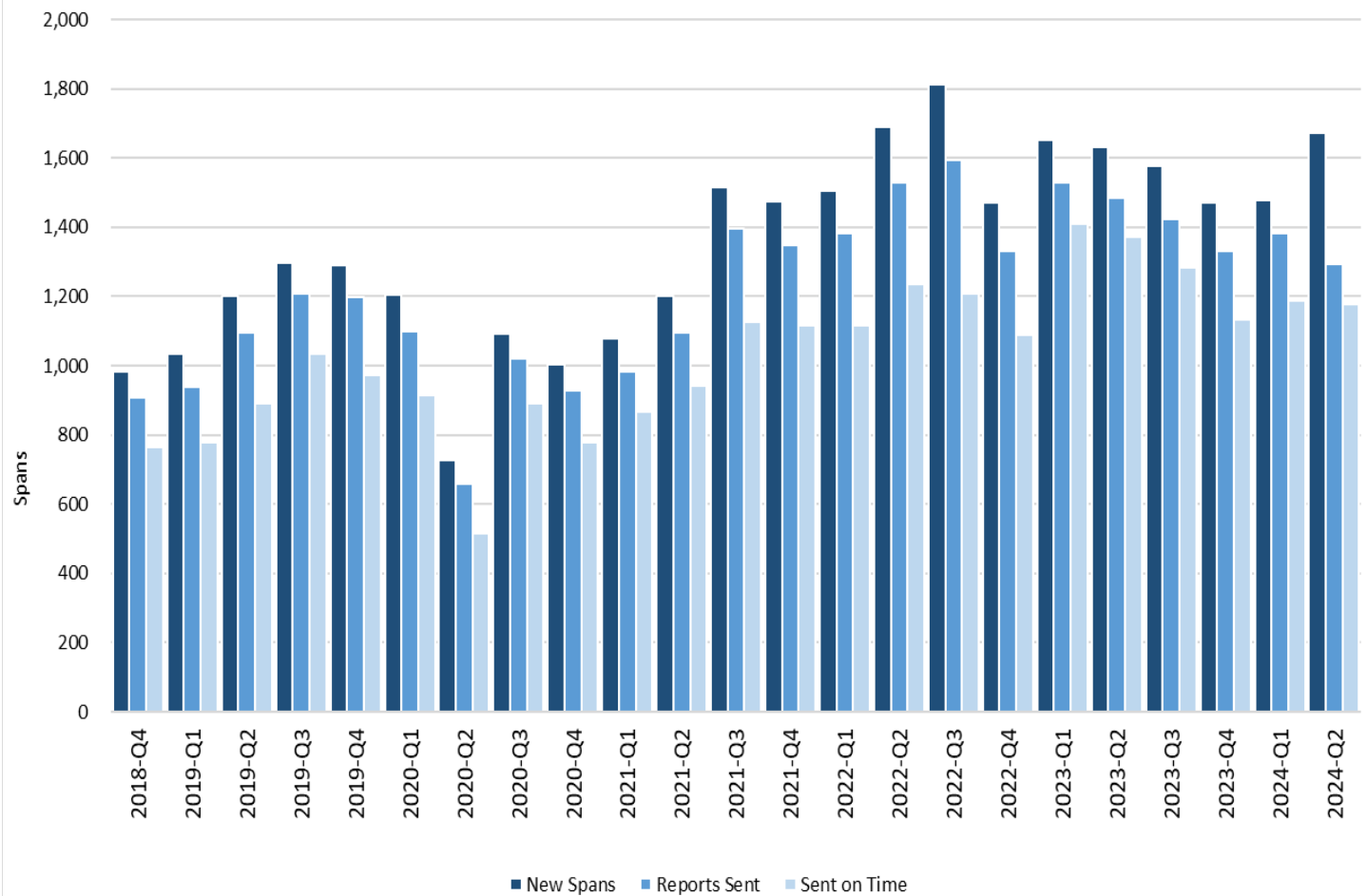
Notes for **Table 7a**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.”

**Figure 7a - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER  
REPORTS SENT WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 7a displays the number of new outpatient evaluation orders and reports sent to court by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 7a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

**Outcomes:** During the Q2 2024 reporting period, 1,671 new outpatient evaluation orders were entered for clients waiting in-jail. This is a significant (13.0%) increase compared to the Q1 2024 order number. Q3 2022 remains the record high quarter for outpatient jail-based competency evaluation orders with 1,814. Q3 2022 also remains the quarterly record for reports sent to the court with 1,593. For Q2 2024, average days waiting (the time from the beginning of the order until the order was sent to the court) for completed orders, decreased moderately to 12.7 days (target = 14 days). Statewide on time completion for the completed orders was 91.0 percent, a moderate performance increase compared to Q1 2024 and the third highest completion rate since FDS tracking began 5.75 years ago. WSH completed 88.9 percent of orders on time, and ESH completed 99.2 percent on time in Q2 2024. ESH's Q2 on time completion rate improved moderately relative to their Q1 2024 on time completion rate of 94.3 percent and establishing a new all-time quarterly high mark for on-time completion rate. Compared to ESH's 31.8 percent on time completion rate in Q3 2022, this is a dramatic 212-percent improvement.

**Drivers:** Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020. Demand for jail-based evaluations had not been at this level since 2015. This historic collapse in demand [-39.6% in Q2 2020 to 728 evaluations] further serves to illustrate the significance of month-after-month of increases in forensic evaluations and demand for mental health care services that span years and the ways in which this shapes our systems over time. In Q3 and Q4 2020, demand for in-jail evaluations showed substantial recovery, relative to Q2 2020, as the criminal court systems re-opened, and our partners learned together how to continue serving clients in COVID-19 impacted systems.

In Q2 2021, jail-based evaluations returned to Q1 2020 levels, and in Q3 2021, orders soared 26.0 percent above Q2 levels easily besting the record demand level set in Q3 2019 and reaching more than 1,500 orders for the first time in a single quarter. Q4 2021 case numbers, on later revision, declined a slight 2.4 percent. Each quarter in 2022 except Q4, was near or exceeded record levels of orders including Q2, the first quarter to exceed 1,600 orders, and Q3, the first quarter to exceed both 1,700 and 1,800 orders.

Q4 2022 declined significantly to 1,471 orders after the record high Q3 order numbers. 2023 initially picked up where 2022 had left off. Q1 2023, recorded 1,652 new orders; unusually, Q2 declined slightly to 1,633 orders; and then, most unusual of all, Q3 the highest demand quarter year-in-and-year-out decreased a moderate 3.4 percent to 1,578 new orders; followed by another steeper but still moderate decline to close 2023 of 6.8 percent to 1,470 orders. Q1 and Q2 2023 opened 2023 as the busiest six months for orders numbers since FDS tracking began in Q4 2018, and by the calendar year's close, total annual orders for 2023 decreased 2.2 percent compared to 2022.

Q1 traditionally increases slightly as compared to Q4 of the previous year due to seasonal variations; however, 2024's very slight nine order increase (0.6%) relative to Q4 2023 was unusually small. Q2 2024 increased significantly from Q1 2024 with an increase of 192 (13.0%) court orders compared to Q1. Q2 2024 also came in with a modest increase in orders 38 (2.3%) relative to Q2 2023. Although the standard seasonal demand pattern appears to be in place so far through the first six months of calendar year 2024, the unusual aspect is that the total number of court orders in 2024 through Q1 and Q2 is moderately lower than through the same time period in 2023 (-135; -4.1%) and slightly lower than the same time period in 2022 (-43; -1.3%).

It is a challenging environment for evaluators and support staff to continuously be processing and evaluating record levels of orders each quarter and then sending record levels of reports on to the courts. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels. It would be an especially welcome trend if jail-based evaluation orders have reached peak demand levels, at least for some time, and many of the Trueblood and other significant investments in mental health infrastructure are beginning to help bend the demand curve downward for competency services. While it remains too early to readily determine causation and correlation, encouraging signs are abundant that impacts are being made in our efforts at systemic transformation.

Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. In terms of completing timely outpatient competency evaluations, persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office had significantly impacted the completion of on time evaluations for clients waiting in-jail. The addition of contractors in the second half of 2022 and first quarter of 2023, combined with new staff hires, extra duty pay, and supervisor assistance in completing evaluations have all been contributing factors to ERO's substantial and ongoing improvement in their jail-based competency evaluations. Additional recruitment and pay incentives became available beginning July 1, 2023, and further legislative action taken in the 2024 legislative session is detailed in the section referenced immediately below and takes effect over the next several months to year. (Refer to the *"Take Action to Address Staffing Challenges"* section for more information.)

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations previously impacted timely evaluations at Eastern. Improvements were made in those processes as OFMHS gained administrative oversight. Additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system was funded as part of the 2023-2025 biennial budget passed by the legislature and signed into law during spring 2023. Implementation of this decision package and further refinement of business processes has allowed for significant and ongoing improvements.

5664 QUARTERLY REPORTING

Table 7b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)  
for individuals WAITING IN JAIL for services, by quarter (2)

		Percent Completed on Time (6) Completed on Time (6)					Percent Completed on Time (6) Completed on Time (6)					Percent Completed on Time (6) Completed on Time (6)						
		Average Days Waiting (5)					Average Days Waiting (5)					Average Days Waiting (5)						
		Percent Completed (4)				Percent Completed (4)				Percent Completed (4)				Percent Completed (4)				
		Completed (4)				Completed (4)				Completed (4)				Completed (4)				
		New Spans (3)				New Spans (3)				New Spans (3)				New Spans (3)				
STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	984	984	100.0%	12.0	830	84.3%	205	205	100.0%	13.3	152	74.1%	779	779	100.0%	11.7	678	87.0%
2019-Q1	1,033	1,033	100.0%	12.4	866	83.8%	201	201	100.0%	14.0	147	73.1%	832	832	100.0%	12.0	719	86.4%
2019-Q2	1,202	1,202	100.0%	12.6	985	81.9%	248	248	100.0%	13.6	191	77.0%	954	954	100.0%	12.4	794	83.2%
2019-Q3	1,298	1,298	100.0%	12.0	1,120	86.3%	248	248	100.0%	12.3	202	81.5%	1,050	1,050	100.0%	11.9	918	87.4%
2019-Q4	1,292	1,292	100.0%	12.5	1,063	82.3%	239	239	100.0%	13.4	174	72.8%	1,053	1,053	100.0%	12.3	889	84.4%
2020-Q1	1,205	1,205	100.0%	12.7	1,016	84.3%	209	209	100.0%	13.5	169	80.9%	996	996	100.0%	12.5	847	85.0%
2020-Q2	728	728	100.0%	12.8	572	78.6%	107	107	100.0%	12.5	94	87.9%	621	621	100.0%	12.9	478	77.0%
2020-Q3	1,093	1,093	100.0%	11.8	960	87.8%	199	199	100.0%	12.1	165	82.9%	894	894	100.0%	11.8	795	88.9%
2020-Q4	1,005	1,005	100.0%	12.7	847	84.3%	192	192	100.0%	12.7	158	82.3%	813	813	100.0%	12.7	689	84.7%
2021-Q1	1,079	1,079	100.0%	12.0	956	88.6%	244	244	100.0%	12.9	201	82.4%	835	835	100.0%	11.7	755	90.4%
2021-Q2	1,202	1,202	100.0%	12.3	1,037	86.3%	250	250	100.0%	12.5	198	79.2%	952	952	100.0%	12.2	839	88.1%
2021-Q3	1,514	1,514	100.0%	13.8	1,235	81.6%	315	315	100.0%	14.9	219	69.5%	1,199	1,199	100.0%	13.6	1,016	84.7%
2021-Q4	1,476	1,476	100.0%	13.9	1,227	83.1%	305	305	100.0%	16.5	208	68.2%	1,171	1,171	100.0%	13.2	1,019	87.0%
2022-Q1	1,505	1,505	100.0%	14.0	1,222	81.2%	335	335	100.0%	17.8	156	46.6%	1,170	1,170	100.0%	12.9	1,066	91.1%
2022-Q2	1,688	1,688	100.0%	14.8	1,375	81.5%	398	398	100.0%	19.9	194	48.7%	1,290	1,290	100.0%	13.2	1,181	91.6%
2022-Q3	1,814	1,814	100.0%	15.5	1,400	77.2%	408	408	100.0%	21.0	168	41.2%	1,406	1,406	100.0%	14.0	1,232	87.6%
2022-Q4	1,471	1,471	100.0%	14.5	1,211	82.3%	293	293	100.0%	16.5	197	67.2%	1,178	1,178	100.0%	14.1	1,014	86.1%
2023-Q1	1,652	1,652	100.0%	13.9	1,526	92.4%	306	306	100.0%	15.9	286	93.5%	1,346	1,346	100.0%	13.4	1,240	92.1%
2023-Q2	1,633	1,633	100.0%	13.6	1,508	92.3%	290	290	100.0%	14.7	263	90.7%	1,343	1,343	100.0%	13.3	1,245	92.7%
2023-Q3	1,578	1,578	100.0%	13.9	1,427	90.4%	294	294	100.0%	14.7	278	94.6%	1,284	1,284	100.0%	13.7	1,149	89.5%
2023-Q4	1,470	1,470	100.0%	14.6	1,259	85.6%	245	245	100.0%	14.1	224	91.4%	1,225	1,225	100.0%	14.7	1,035	84.5%
2024-Q1	1479	1479	100.0%	13.6	1283	86.7%	266	266	100.0%	12.7	251	94.4%	1213	1213	100.0%	13.8	1032	85.1%
2024-Q2	1671	1429	85.5%	12.3	1304	91.3%	291	266	91.4%	10.3	264	99.2%	1380	1163	84.3%	12.7	1040	89.4%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 7a above in that it includes all completions, not just those were the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

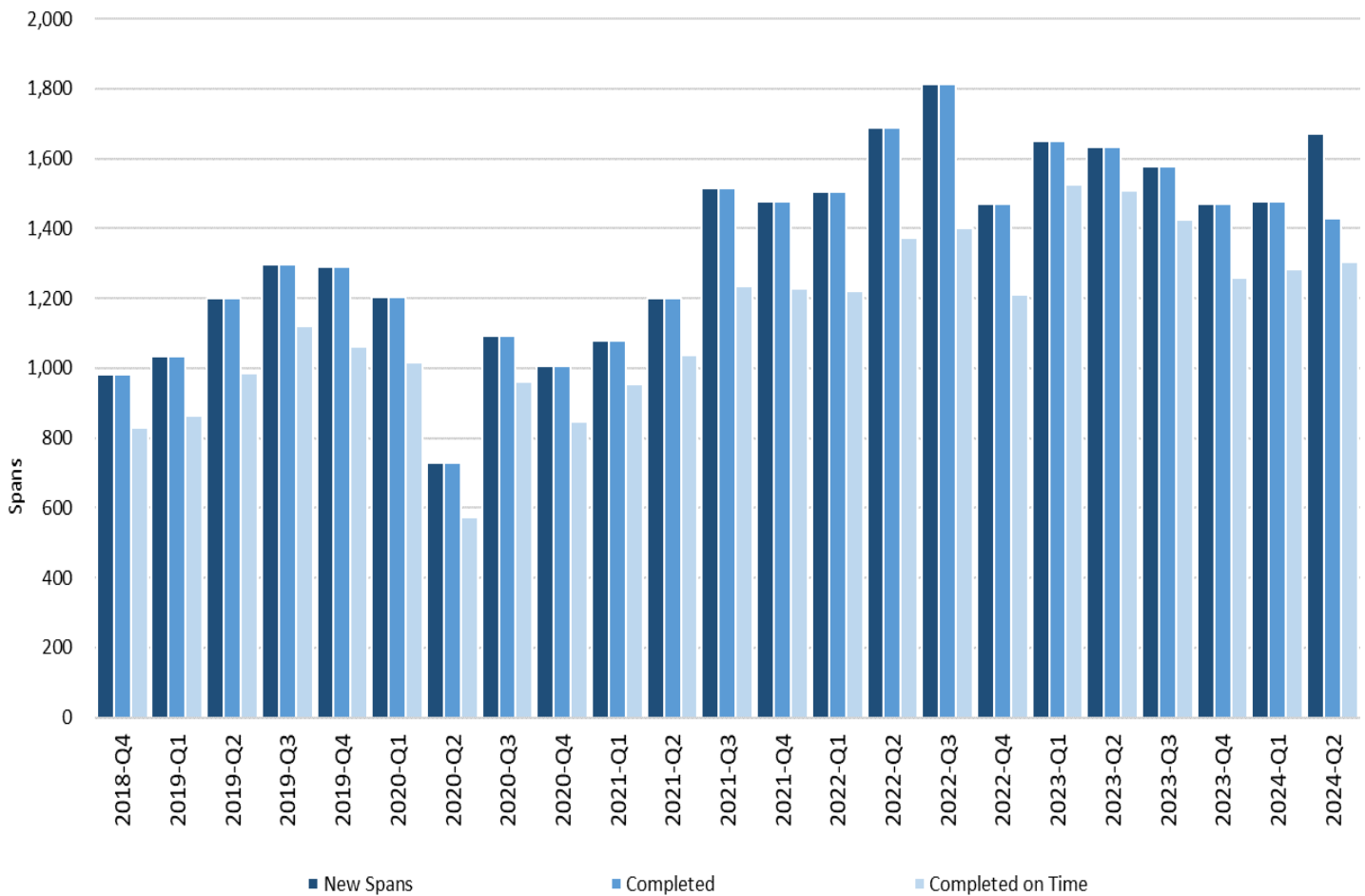
Notes for **Table 7b**. continued from the previous page:

(5) The average number of the days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported. RCW 10.77.068(5) stipulations on compliance for in-jail individuals awaiting competency services differ from those determined by the Federal Court Ruling for Trueblood et al v. Washington DSHS. For this reason, the compliance metrics reported here will not align with those reported to the Trueblood Court Monitor.”

**Figure 7b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER  
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 7b displays the number of new outpatient evaluation orders and all orders completed by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the percentage completed, the average days waiting, the number completed on time, and the percentage completed on time. Figure 7b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.



**Outcomes:** During the Q2 2024 reporting period, 1,671 new outpatient evaluation orders were entered for clients waiting in-jail. This is a significant (13.0%) increase compared to new orders from Q1 2024.

As of July 15, 2024, 1,429 (85.5%) of Q2 2024 orders were completed. Orders completed includes orders that are completed by having evaluations completed and reports sent to the court as well as orders completed through different means such as having the order withdrawn by the court, or having the client's status change, causing the order to no longer remain in effect. Average days waiting (the time from the beginning of the order until the order was completed) for the completed orders, decreased moderately to 12.3 days (target = 14 days). On time completion for the completed orders increased moderately to 91.3 percent. WSH completed 89.4 percent of orders on time, and ESH maintained their dramatic improvement (141%), climbing from 41.2 percent of orders completed on time in Q3 2022, to 99.2 percent of orders completed on time in Q2 2024.

**Drivers:** Each quarter in 2022 except Q4 was near or exceeded record levels of orders including Q2, the first quarter to exceed 1,600 orders, and Q3, the first quarter to exceed both 1,700 and 1,800 orders. Q4 traditionally slows slightly due to seasonal variations; however, 2022's nearly 20-percent drop was larger than normal. While speculative, due to the exceptionally high level of the previous record established in Q3, and the relentlessness of quarter after quarter of new records, perhaps in part due to the pent-up demand resultant from pandemic-related court system closures, a cooling off in order demand, beyond just a typical seasonal drop, may have been inevitable. 2023 initially picked up where 2022 had left off. Q1 2023, recorded 1,652 new orders; unusually, Q2 declined slightly to 1,633 orders; and then, most unusual of all, Q3 the highest demand quarter year-in-and-year-out decreased a moderate 3.4 percent to 1,578 new orders; followed by another steeper but still moderate decline to close 2023 of 6.8 percent to 1,470 orders. Q1 and Q2 2023 opened 2023 as the busiest six months for orders numbers since FDS tracking began in Q4 2018, and by the calendar year's close, total annual orders for 2023 decreased 2.2 percent compared to 2022.

Q1 traditionally increases slightly as compared to Q4 of the previous year due to seasonal variations; however, 2024's very slight nine order increase (0.6%) relative to Q4 2023 was unusually small. Q2 2024 increased significantly from Q1 2024 with an increase of 192 (13.0%) court orders compared to Q1. Q2 2024 also came in with a modest increase in orders 38 (2.3%) relative to Q2 2023. Although the standard seasonal demand pattern appears to be in place so far through the first six months of calendar year 2024, the unusual aspect is that the total number of court orders in 2024 through Q1 and Q2 is moderately lower than through the same time period in 2023 (-135; -4.1%) and slightly lower than the same time period in 2022 (-43; -1.3%).

It is a challenging environment for evaluators and support staff to continuously be processing and evaluating near record levels of orders each quarter and then sending record levels of reports on to the courts. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels. Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. In terms of completing timely outpatient competency evaluations, persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office had significantly impacted the completion of on time evaluations for clients waiting in-jail. The addition of contractors in the second half of 2022 and first quarter of 2023, combined with new staff hires, extra duty pay, and supervisor assistance in completing evaluations have all been contributing factors to ERO's substantial and ongoing improvement in their jail-based competency

evaluations. Additional recruitment and pay incentives became available beginning July 1, 2023, and further legislative action taken in the 2024 legislative session is detailed in the section referenced immediately below and takes effect over the next several months to year. (Refer to the *“Take Action to Address Staffing Challenges”* section for more information.)

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations previously impacted timely evaluations at Eastern. Improvements were made in those processes as OFMHS gained administrative oversight. Additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system was funded as part of the 2023-2025 biennial budget passed by the legislature and signed into law during spring 2023. Implementation of this decision package and further refinement of business processes has allowed for significant and ongoing improvements.

5664 QUARTERLY REPORTING

Table 8a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)  
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

	Percent Reports Sent on Time (7)							Percent Reports Sent on Time (7)							Percent Reports Sent on Time (7)						
	Reports Sent on Time (7)							Reports Sent on Time (7)							Reports Sent on Time (7)						
	Average Days Waiting (6)							Average Days Waiting (6)							Average Days Waiting (6)						
	Percent Reports Sent (5)							Percent Reports Sent (5)							Percent Reports Sent (5)						
	Reports Sent (5)							Reports Sent (5)							Reports Sent (5)						
	New Spans (4)							New Spans (4)							New Spans (4)						
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	368	195	53.0%	159.4	11	5.6%	111	68	61.3%	143.0	1	1.5%	257	127	49.4%	168.2	10	7.9%			
2019-Q1	354	212	59.9%	155.6	16	7.5%	113	85	75.2%	134.3	6	7.1%	241	127	52.7%	169.8	10	7.9%			
2019-Q2	427	184	43.1%	182.8	13	7.1%	134	66	49.3%	169.8	4	6.1%	293	118	40.3%	190.1	9	7.6%			
2019-Q3	444	189	42.6%	177.7	10	5.3%	119	57	47.9%	158.9	5	8.8%	325	132	40.6%	185.8	5	3.8%			
2019-Q4	398	186	46.7%	220.9	11	5.9%	97	50	51.5%	291.6	4	8.0%	301	136	45.2%	194.9	7	5.1%			
2020-Q1	376	174	46.3%	237.9	9	5.2%	88	35	39.8%	368.8	2	5.7%	288	139	48.3%	205.0	7	5.0%			
2020-Q2	168	87	51.8%	184.6	5	5.7%	49	28	57.1%	239.3	2	7.1%	119	59	49.6%	158.6	3	5.1%			
2020-Q3	313	182	58.1%	146.3	18	9.9%	100	52	52.0%	213.2	6	11.5%	213	130	61.0%	119.5	12	9.2%			
2020-Q4	350	188	53.7%	129.5	7	3.7%	89	40	44.9%	192.5	1	2.5%	261	148	56.7%	112.5	6	4.1%			
2021-Q1	407	207	50.9%	121.7	26	12.6%	71	30	42.3%	90.8	3	10.0%	336	177	52.7%	126.9	23	13.0%			
2021-Q2	501	241	48.1%	130.8	10	4.1%	113	56	49.6%	130.1	1	1.8%	388	185	47.7%	131.0	9	4.9%			
2021-Q3	503	216	42.9%	164.0	24	11.1%	127	51	40.2%	183.8	5	9.8%	376	165	43.9%	157.9	19	11.5%			
2021-Q4	476	200	42.0%	186.2	15	7.5%	110	27	24.5%	313.4	4	14.8%	366	173	47.3%	166.3	11	6.4%			
2022-Q1	555	194	35.0%	226.9	3	1.5%	147	33	22.4%	346.5	2	6.1%	408	161	39.5%	202.4	1	0.6%			
2022-Q2	525	199	37.9%	197.8	19	9.5%	112	28	25.0%	200.3	9	32.1%	413	171	41.4%	197.3	10	5.8%			
2022-Q3	536	186	34.7%	225.0	14	7.5%	127	25	19.7%	325.6	1	4.0%	409	161	39.4%	209.4	13	8.1%			
2022-Q4	473	177	37.4%	218.2	12	6.8%	92	23	25.0%	274.3	3	13.0%	381	154	40.4%	209.8	9	5.8%			
2023-Q1	500	172	34.4%	202.3	9	5.2%	59	20	33.9%	265.1	0	0.0%	441	152	34.5%	194.1	9	5.9%			
2023-Q2	542	194	35.8%	157.9	14	7.2%	60	27	45.0%	155.3	0	0.0%	482	167	34.6%	158.3	14	8.4%			
2023-Q3	529	162	30.6%	119.8	20	12.3%	34	15	44.1%	83.9	1	6.7%	495	147	29.7%	123.4	19	12.9%			
2023-Q4	455	107	23.5%	120.8	4	3.7%	21	6	28.6%	99.0	0	0.0%	434	101	23.3%	122.1	4	4.0%			
2024-Q1	540	77	14.3%	71.3	7	9.1%	18	3	16.7%	69.0	0	0.0%	522	74	14.2%	71.4	7	9.5%			
2024-Q2	592	26	4.4%	32.3	11	42.3%	1	0	0.0%	n/a	0	n/a	591	26	4.4%	32.3	11	42.3%			

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=43), or while in prison (n=16).
- (3) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting in the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services in the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.

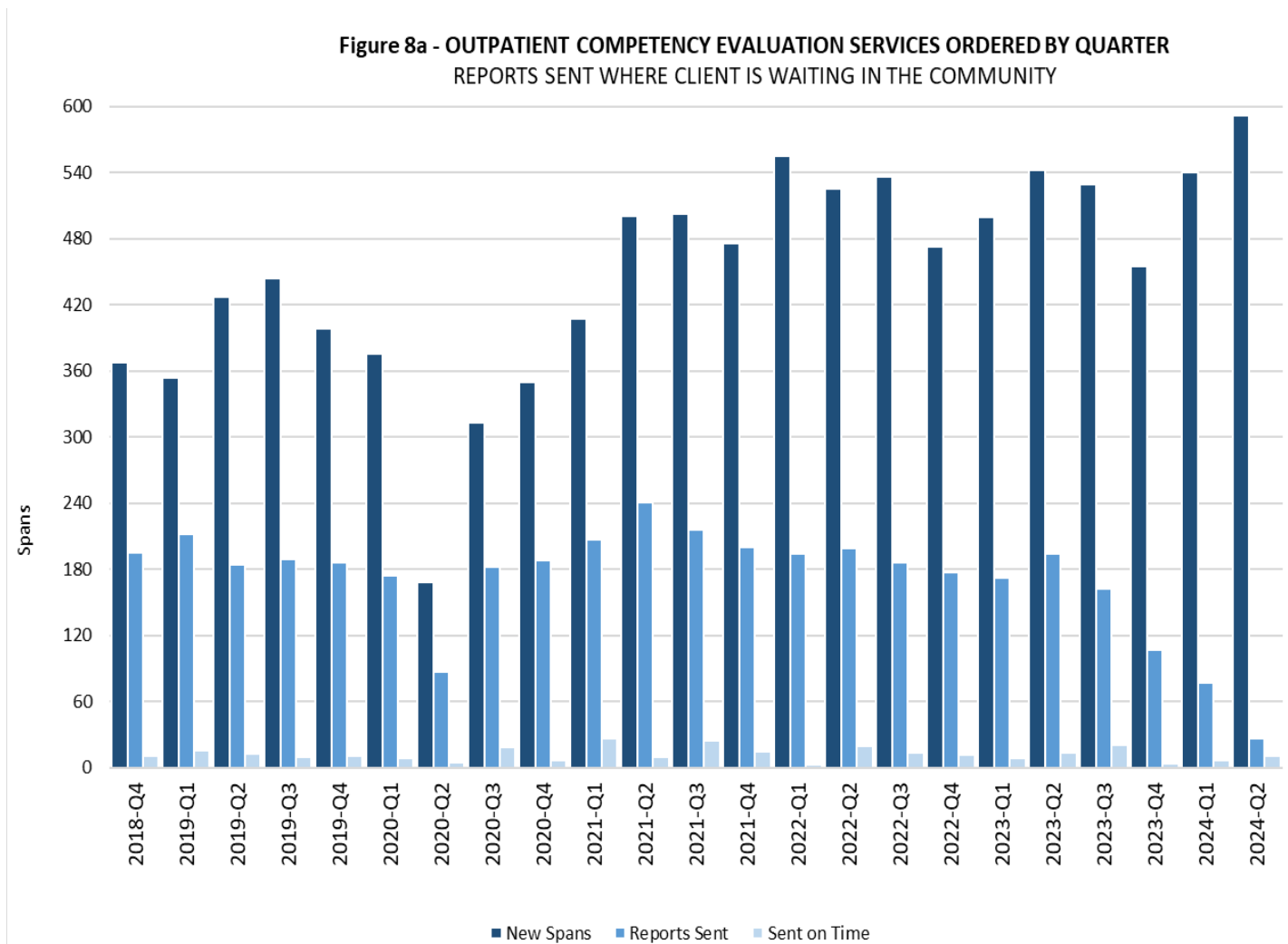
Notes for **Table 8a**. continued from the previous page:

(5) Number and percent of the new court order spans, where the order spans were completed by a faxed evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes completions by report sent to court for the new court order spans, regardless of when the order completion occurs.

(6) The average number of the days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(7) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 8a displays the number of new outpatient evaluation orders and reports sent to court by quarter for individuals waiting in the community. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 8a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

**Outcomes:** During the Q2 2024 reporting period, 592 orders statewide were received for individuals waiting for an outpatient evaluation in the community on personal recognizance. The number of orders received for Q2 2024 was a moderate increase (9.6%) compared to Q1 2024's 540 orders. Of the 26 Q2 evaluation reports sent to courts statewide, average days waiting was 32.3 (target = 21). However, as time moves further away from the close of Q2 and cases continue to complete over time, the number and percent of reports completing will increase on the positive side, while the average days waiting, reports sent on time, and percent of reports sent on time will move in negative directions. As a result, the Q2 data, at first look, appears close to its strongest in terms of performance, and as it continues maturing, a more realistic pattern of performance will likely emerge. During Q2 2024, additional reports were completed for many quarters back to Q2 2020.

**Drivers:** The quarterly variability for the “in the community” performance data and reports sent completion trend are attributed to directing resources to Trueblood cases as the number one completion priority. The established constitutional rights stemming from the Trueblood Court Order and negotiated Contempt Settlement Agreement demands that DSHS focus most resources and our efforts to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations. As calendar year 2023 progressed, impacts from COVID-19 moved from pandemic to endemic while other seasonal illnesses contributed to some scheduling limitations. The PR evaluation team was able to host two multi-county competency evaluation day events near the end of Q1 2023, which allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. These types of events and the post-pandemic environment have led to some positive progress in reducing the wait list for PR cases. The department intends to host future multi-county competency evaluation day events as resources allow. However, staffing levels, the need for the PR evaluation team to cover a significant number of Trueblood inpatient cases, and the wider systemic challenges in health care staffing remain persistent challenges impacting performance. Senate Bill 5440 passed in the 2023 legislative session provides additional tools for the PR team to help move through the backlog and streamline current processes. These new tools have already begun to exert positive impact on the wait list.

The statutory performance target is twenty-one days or less for defendants who make reasonable effort to cooperate with the evaluation. While the goal is to perform all out-of-custody evaluations within these guidelines, in prioritizing these evaluations, fairness and efficient resource allocation guides the managing and scheduling out-of-custody cases. Older cases have priority over newer cases as defendants have waited a longer period of time for evaluation. However, several newer cases are also assigned to offset older cases having a higher likelihood of defendant's failing to appear for evaluation. This typically is assigned per evaluator as three cases with the oldest court order sign dates and one case with a recent court order sign date.

Subsequent to SB 5440's passage, an additional tool has been added in decreasing the no-show rate of out-of-custody individuals. Historically, no-shows have comprised a significant portion of the resources available. RCW 10.77.060(7) now requires that three “attempts” are made by OFMHS to schedule competency evaluations in the community. If the scheduling or evaluation process is not completed due to the defendant's nonappearance, cancellation of a scheduled evaluation with less than 48 hours' notice, or if no response is received within ten business days of an attempt to schedule an evaluation, OFMHS will consider this as an attempt at scheduling.

A second attempt will be made if the first is unsuccessful. If at that time the second attempt is similarly unsuccessful OFMHS will determine a time and location for the evaluation to occur no sooner than four weeks from the second failed attempt and notify the Court.

If the third attempt is again unsuccessful for any of the reasons previously stated, OFHMS will notify the Court and the court shall be required to recall the order for competency evaluation and may issue a warrant for the failure to appear. Additionally, OFMHS will remove the defendant from our scheduling system and will not pursue any further attempts to schedule the evaluation until further order of the court. See the *Actions Taken* section of this report for steps the department is engaged in seeking to improve our performance.

5664 QUARTERLY REPORTING

Table 8b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)  
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)

	Percent Completed on Time (7) Completed on Time (7)						Percent Completed on Time (7) Completed on Time (7)						Percent Completed on Time (7) Completed on Time (7)					
	Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)			Average Days Waiting (6)					
	Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)		Percent Completed (5)					
	Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)		Completed (5)					
	New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)		New Spans (4)					
STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	368	368	100.0%	191.2	25	6.8%	111	111	100.0%	190.2	7	6.3%	257	257	100.0%	191.7	18	7.0%
2019-Q1	354	353	99.7%	178.0	30	8.5%	113	113	100.0%	137.9	8	7.1%	241	240	99.6%	197.0	22	9.2%
2019-Q2	427	427	100.0%	192.3	30	7.0%	134	134	100.0%	154.9	9	6.7%	293	293	100.0%	209.4	21	7.2%
2019-Q3	444	444	100.0%	193.1	41	9.2%	119	119	100.0%	189.4	14	11.8%	325	325	100.0%	194.5	27	8.3%
2019-Q4	398	398	100.0%	239.8	31	7.8%	97	97	100.0%	353.2	7	7.2%	301	301	100.0%	203.3	24	8.0%
2020-Q1	376	376	100.0%	282.0	28	7.4%	88	88	100.0%	489.6	4	4.5%	288	288	100.0%	218.5	24	8.3%
2020-Q2	168	168	100.0%	226.5	16	9.5%	49	49	100.0%	358.5	2	4.1%	119	119	100.0%	172.2	14	11.8%
2020-Q3	313	313	100.0%	186.0	31	9.9%	100	100	100.0%	270.7	10	10.0%	213	213	100.0%	146.3	21	9.9%
2020-Q4	350	349	99.7%	171.4	21	6.0%	89	89	100.0%	268.2	7	7.9%	261	260	99.6%	138.3	14	5.4%
2021-Q1	407	404	99.3%	170.2	57	14.1%	71	71	100.0%	310.4	8	11.3%	336	333	99.1%	140.3	49	14.7%
2021-Q2	501	501	100.0%	183.4	40	8.0%	113	113	100.0%	244.4	8	7.1%	388	388	100.0%	165.7	32	8.2%
2021-Q3	503	498	99.0%	200.3	52	10.4%	127	127	100.0%	290.6	13	10.2%	376	371	98.7%	169.4	39	10.5%
2021-Q4	476	467	98.1%	236.2	41	8.8%	110	110	100.0%	382.6	14	12.7%	366	357	97.5%	191.1	27	7.6%
2022-Q1	555	546	98.4%	253.2	32	5.9%	147	147	100.0%	369.7	12	8.2%	408	399	97.8%	210.3	20	5.0%
2022-Q2	525	520	99.0%	236.3	49	9.4%	112	112	100.0%	317.0	10	8.9%	413	408	98.8%	214.1	39	9.6%
2022-Q3	536	518	96.6%	231.1	44	8.5%	127	127	100.0%	262.5	20	15.7%	409	391	95.6%	220.9	24	6.1%
2022-Q4	473	437	92.4%	233.4	32	7.3%	92	92	100.0%	299.7	12	13.0%	381	345	90.6%	215.7	20	5.8%
2023-Q1	500	430	86.0%	192.6	29	6.7%	59	59	100.0%	181.4	2	3.4%	441	371	84.1%	194.4	27	7.3%
2023-Q2	542	448	82.7%	170.1	34	7.6%	60	60	100.0%	155.0	4	6.7%	482	388	80.5%	172.5	30	7.7%
2023-Q3	529	388	73.3%	129.9	48	12.4%	34	34	100.0%	83.6	6	17.6%	495	354	71.5%	134.4	42	11.9%
2023-Q4	455	262	57.6%	113.3	23	8.8%	21	21	100.0%	75.5	3	14.3%	434	241	55.5%	116.6	20	8.3%
2024-Q1	540	202	37.4%	69.4	23	11.4%	18	18	100.0%	50.9	3	16.7%	522	184	35.2%	71.2	20	10.9%
2024-Q2	592	80	13.5%	28.9	31	38.8%	1	1	100.0%	11.0	1	100.0%	591	79	13.4%	29.1	30	38.0%

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

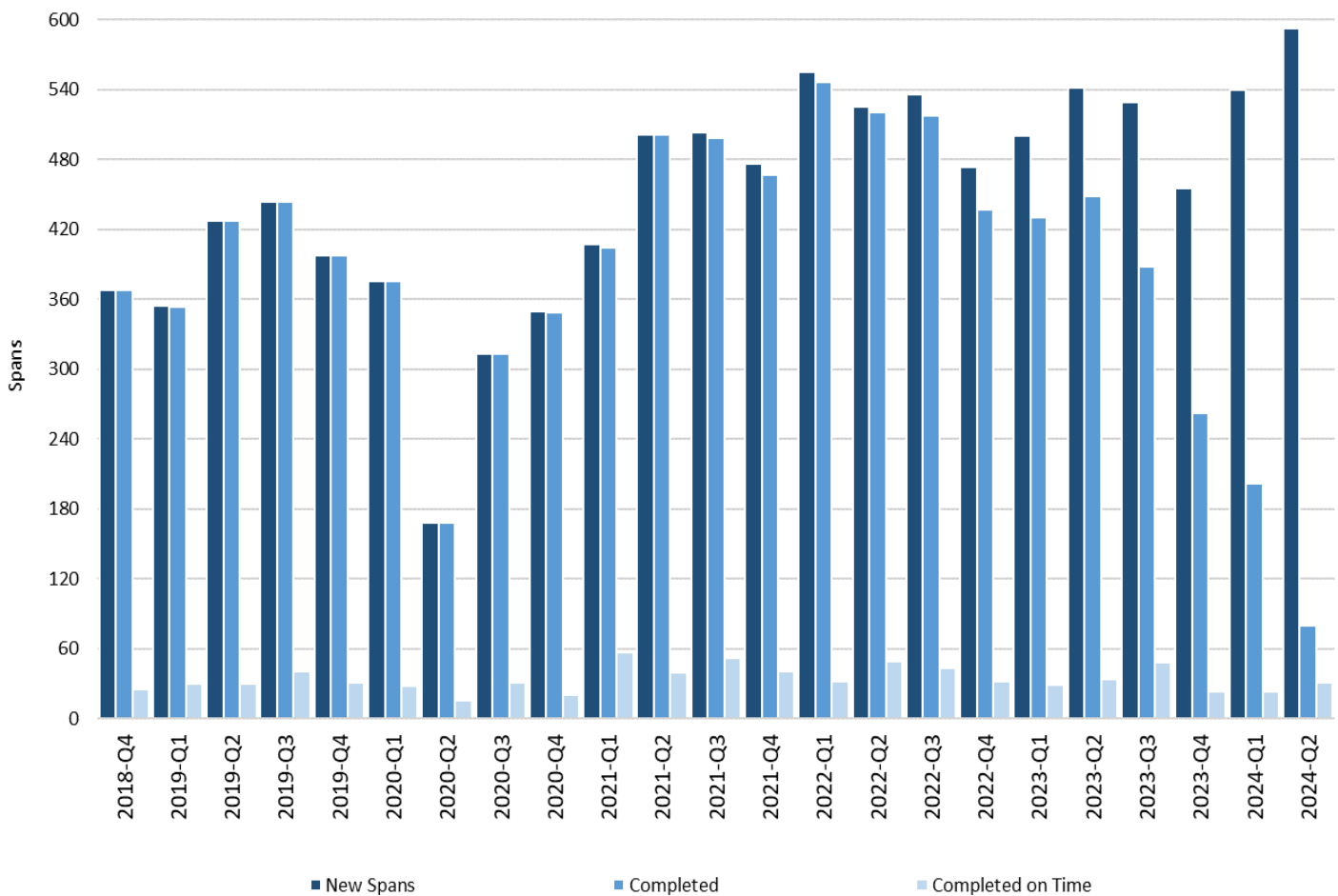
- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or BHTC bed (n=43), or while in prison (n=16).
- (3) This data is pulled from the BHA- Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 8a above in that it includes all completions, not just those were the client was admitted to a facility.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.

Notes for **Table 8b**. continued from the previous page:

- (5) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (6) The average number of the days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).
- (7) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**NOTE:** The data for the most recently reported quarter is the least mature and subject to change. The measures may change between report cycles as data matures for all quarters reported.

**Figure 8b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER  
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 8b displays the number of new outpatient evaluation orders and all orders completed by quarter for individuals waiting in the community. It also includes additional order characteristics such as the percentage of orders completed, the average days waiting, the number of orders completed on time, and the percentage of orders completed on time. Figure 8b visually shows the number of orders by quarter, the number of orders completed, and the number completed on time differentiated by colored bars.



**Outcomes:** During the Q2 2024 reporting period, 592 orders statewide were received for individuals waiting for an outpatient evaluation in the community on personal recognizance. This represents a moderate increase (9.6%) in the number of orders compared to Q1 2024's 540 orders. During Q2 2024, and the initial period of data maturity and processing that ended on July 15, 2024, 80 in the community/PR orders were completed.<sup>1</sup> Of the 80 orders completed statewide, average days waiting was 28.9 (target = 21). This is an initial look at Q2 data that will substantially change over time as a greater number of Q2 2024 "in the community" orders complete during subsequent quarters and are recorded into the Q2 data. On a positive note, continued completion of Q2 orders into future quarters will increase the number and percent of Q2 orders completed. However, the average days waiting for Q2 orders will increase, and the number and percent of Q2 orders completed on time will also decrease. During Q2 2024, additional orders were completed for quarters back to Q4 2018.

**Drivers:** The quarterly variability for the "in the community" performance data and reports sent completion trend are attributed to directing resources to Trueblood cases as the number one completion priority. The established constitutional rights stemming from the Trueblood Court Order and negotiated Contempt Settlement Agreement demands that DSHS focus most resources and our efforts to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations. As calendar year 2023 progressed, impacts from COVID-19 moved from pandemic to endemic while other seasonal illnesses contributed to some scheduling limitations. The PR evaluation team was able to host two multi-county competency evaluation day events near the end of Q1 2023, which allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. These types of events and the post-pandemic environment have led to some positive progress in reducing the wait list for PR cases. The department intends to host future multi-county competency evaluation day events as resources allow. However, staffing levels, the need for the PR evaluation team to cover a significant number of Trueblood inpatient cases, and the wider systemic challenges in health care staffing remain persistent challenges impacting performance. Senate Bill 5440 passed in the 2023 legislative session provides additional tools for the PR team to help move through the backlog and streamline current processes. These new tools have already begun to exert positive impact on the wait list.

The statutory performance target is twenty-one days or less for defendants who make reasonable effort to cooperate with the evaluation. While the goal is to perform all out-of-custody evaluations within these guidelines, in prioritizing these evaluations, fairness and efficient resource allocation guides the managing and scheduling out-of-custody cases. Older cases have priority over newer cases as defendants have waited a longer period of time for evaluation. However, several newer cases are also assigned to offset older cases having a higher likelihood of defendant's failing to appear for evaluation. This typically is assigned per evaluator as three cases with the oldest court order sign dates and one case with a recent court order sign date.

Subsequent to SB 5440's passage, an additional tool has been added in decreasing the no-show rate of out-of-custody individuals. Historically, no-shows have comprised a significant portion of the resources available. RCW 10.77.060(7) now requires that three "attempts" are made by OFMHS to schedule competency evaluations in the community. If the scheduling or evaluation process is not completed due to the defendant's nonappearance, cancellation of a scheduled

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<sup>1</sup> Orders completed include reports sent to the court as well as other methods of completion including court orders withdrawn by a court or a client's change in status causing an end to the active court order.

evaluation with less than 48 hours' notice, or if no response is received within ten business days of an attempt to schedule an evaluation, OFMHS will consider this as an attempt at scheduling.

A second attempt will be made if the first is unsuccessful. If at that time the second attempt is similarly unsuccessful OFMHS will determine a time and location for the evaluation to occur no sooner than four weeks from the second failed attempt and notify the Court.

If the third attempt is again unsuccessful for any of the reasons previously stated, OFHMS will notify the Court and the court shall be required to recall the order for competency evaluation and may issue a warrant for the failure to appear. Additionally, OFMHS will remove the defendant from our scheduling system and will not pursue any further attempts to schedule the evaluation until further order of the court. See the *Actions Taken* section of this report for steps the department is engaged in seeking to improve our performance.

## Global Quarterly Order Data

Tables 9a-12b and Figures 9a-12b show global order data to illustrate total orders signed by calendar quarter for all types of competency services offered by the department. Each table shows total orders by quarter, by felony or misdemeanor, by hospital or combined statewide. Tables labeled “a,” show orders for individuals “waiting in-jail” for their services, and tables labeled “b,” show orders for individuals “waiting in the community” for their services. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders – waiting in-jail/waiting in the community
- Inpatient competency evaluation orders – waiting in-jail/waiting in the community
- Inpatient civil conversion orders – waiting in-jail/waiting in the community
- Outpatient competency evaluation orders – waiting in-jail/waiting in the community.

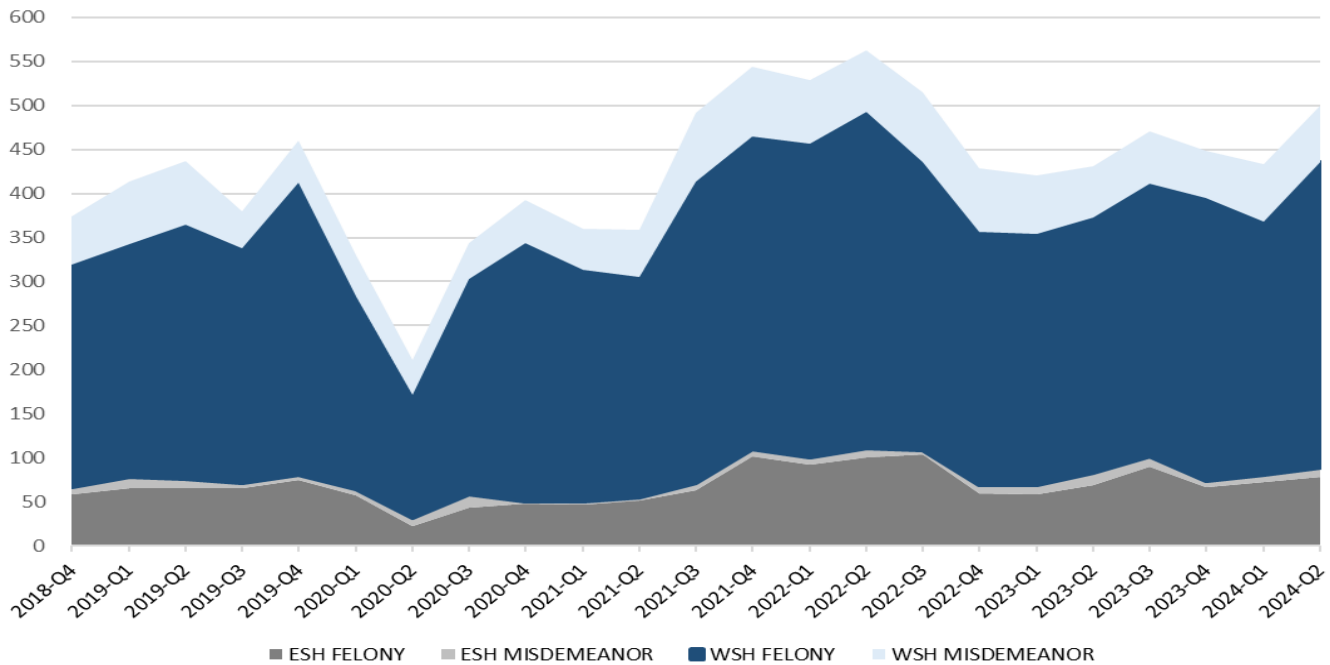
This section of the data presentation begins below. Each “a” table will pair with an “a” figure. After each table and figure pair, a narrative explanation of the visuals and discussion of the outcomes and drivers represented in the data contained within the visuals, as well as the greater context in which the data is situated, follows. Likewise, every “b” table will be paired with a “b” figure, and again followed by the discussion described above.

<b>5664 QUARTERLY REPORTING</b>									
Table 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter									
CALENDAR YEAR-QTR	STATE			ESH			WSH (1)		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	311	63	374	59	8	67	252	55	307
2019-Q1	329	84	413	65	13	78	264	71	335
2019-Q2	355	82	437	66	10	76	289	72	361
2019-Q3	333	47	380	66	5	71	267	42	309
2019-Q4	406	54	460	75	6	81	331	48	379
2020-Q1	276	54	330	57	7	64	219	47	266
2020-Q2	161	50	211	22	10	32	139	40	179
2020-Q3	288	56	344	44	15	59	244	41	285
2020-Q4	341	51	392	48	3	51	293	48	341
2021-Q1	310	50	360	47	3	50	263	47	310
2021-Q2	302	57	359	52	3	55	250	54	304
2021-Q3	405	86	491	63	8	71	342	78	420
2021-Q4	457	87	544	102	8	110	355	79	434
2022-Q1	449	80	529	92	8	100	357	72	429
2022-Q2	483	79	562	101	10	111	382	69	451
2022-Q3	431	84	515	104	5	109	327	79	406
2022-Q4	347	81	428	60	9	69	287	72	359
2023-Q1	344	76	420	59	10	69	285	66	351
2023-Q2	359	72	431	69	14	83	290	58	348
2023-Q3	399	72	471	90	12	102	309	60	369
2023-Q4	388	60	448	67	7	74	321	53	374
2024-Q1	360	73	433	73	8	81	287	65	352
2024-Q2	424	75	499	78	11	89	346	64	410

(1) Includes referrals that end up admitting to the BHTCs (formerly known as RTFs).

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Figure 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 9a above provides the total number of felony and misdemeanor inpatient competency restoration orders for individuals waiting in jail, and Figure 9a provides a visual representation of the same data.

**Outcomes:** During the Q2 2024 reporting period, new inpatient restoration orders increased from Q1 2024 levels significantly by 15.2 percent to 499 statewide. ESH orders increased moderately by 9.9 percent to 89 orders. WSH orders increased significantly by 16.5 percent to 410 orders. WSH order numbers also include orders that are admitted for restoration services at our behavioral health and treatment centers.

**Drivers:** The statewide increase in orders during Q2 was significant. Overall, the cumulative decrease in orders from the record high level of 562 in Q2 2022 to 499 in Q2 2024 represents a significant decline of 11.2 percent. Regardless, 499 quarterly orders represent substantial levels of demand for inpatient restoration services. Q2 2024 ranks 5<sup>th</sup> highest out of 23 quarters since restoration order tracking began in the Forensic Data System in Q4 2018. During these last 5.75 years, competency restoration orders have averaged 427.4 per quarter, so Q2 2024 is above the statewide average. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders. Based on frequent near-record levels of competency evaluation orders, it appears the downstream impacts on restoration orders will continue for the foreseeable future.

After order levels collapsed at both state hospitals during Q1 and Q2 2020 due to the onset of the global pandemic’s effects in Washington state, inpatient restoration orders recovered substantially by the end of Q4 2020 before moderating somewhat in Q1 and Q2 2021 and then accelerating to continuous record and near-record levels in the five subsequent quarters. Q4 2022 through Q2 2023 have seen restoration orders moderate somewhat, which likely reflects typical seasonal

variations in demand plus other factors, some of which may remain unidentified. With few exceptions, as the department has increased capacity and gained efficiencies in its processes, the criminal court system and mental health community have demanded the department's services at a greater pace. It is likely that both pent up and increasing demand have added strain to our systems although it appears that the most significant period of pandemic-related pent-up demand has now passed through our systems.

During the early months of the pandemic in 2020, order levels collapsed, criminal courts and other partners experienced pandemic-related court closures, reductions in court case throughput, and pandemic-related challenges in program delivery. After our partners began to re-open in Q3 2020, order numbers began to significantly recover toward pre-pandemic levels as systems determined responsible paths forward to serving clients within the context of the COVID-19 pandemic. Many county prosecutors and prosecutors in larger cities had sizable backlogs of criminal referrals that worked through the criminal court system over time. A significant subset of these cases required competency evaluation services and likely became one of the significant factors contributing to frequent near-record levels of inpatient restoration orders.

While restoration orders frequently are increasing on a quarterly basis, as briefly discussed above, that had not been the case for the three consecutive quarters from Q3 2022 through Q1 2023. Some of this decrease in demand is likely seasonal. The quarterly decreases in demand from Q3 to Q4 2022 and again from Q4 2022 to Q1 2023 have occurred during the late fall through winter months when OFMHS normally sees reduced order activity. Demand has decreased for two consecutive quarters from Q4 2023 through Q1 2024. This is also likely a seasonal shift in demand. Likewise, competency restoration orders are primarily a function of completed competency evaluation orders. As a subset of evaluation orders, a percentage of clients will be found incompetent and court-ordered for restoration. When demand for evaluations increases or decreases, competency restoration orders tend to increase or decrease accordingly. Restoration services demand, over the last eight quarters since Q2 2022, appears to have tracked mostly in line with expectations, based on the observed increases and decreases in evaluation services "admitted orders" and "orders sent to court." Staff will continue to closely monitor this data over the upcoming quarters to determine if any additional causes or trends become discernable in the data.

### 5664 QUARTERLY REPORTING

**Table 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter**

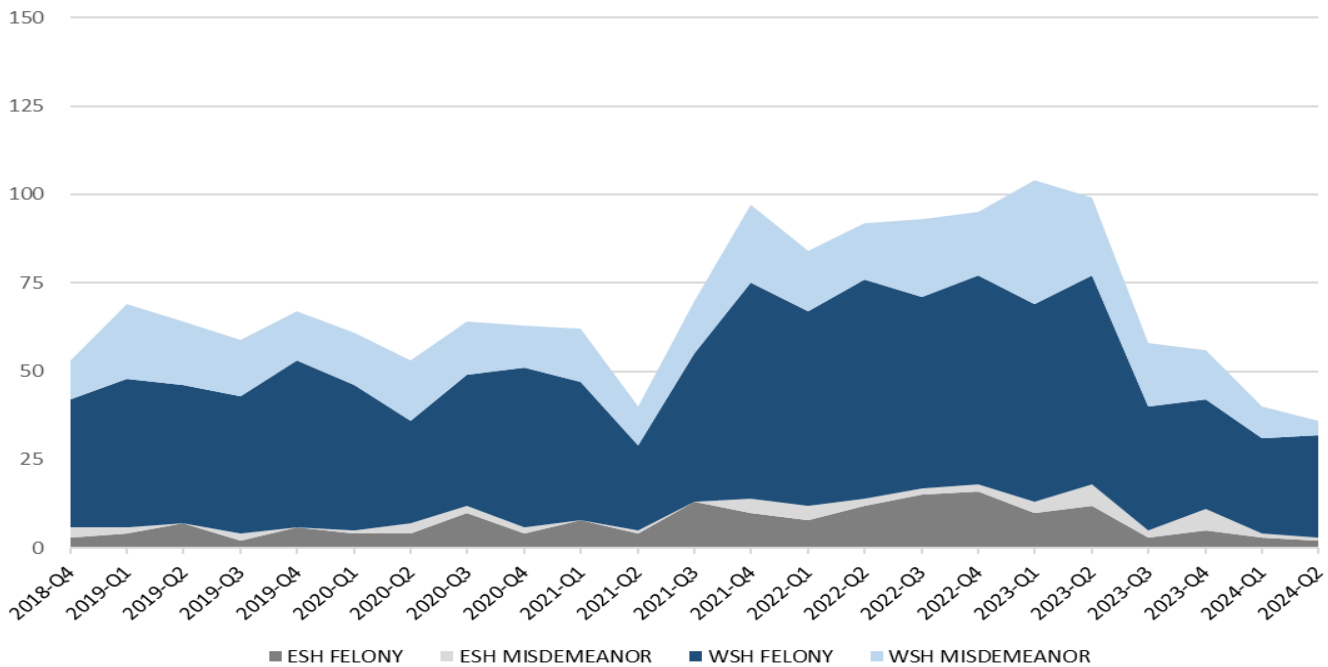
CALENDAR YEAR-QTR	STATE			ESH			WSH (2)		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	39	14	53	3	3	6	36	11	47
2019-Q1	46	23	69	4	2	6	42	21	63
2019-Q2	46	18	64	7	0	7	39	18	57
2019-Q3	41	18	59	2	2	4	39	16	55
2019-Q4	53	14	67	6	0	6	47	14	61
2020-Q1	45	16	61	4	1	5	41	15	56
2020-Q2	33	20	53	4	3	7	29	17	46
2020-Q3	47	17	64	10	2	12	37	15	52
2020-Q4	49	14	63	4	2	6	45	12	57
2021-Q1	47	15	62	8	0	8	39	15	54
2021-Q2	28	12	40	4	1	5	24	11	35
2021-Q3	55	15	70	13	0	13	42	15	57
2021-Q4	71	26	97	10	4	14	61	22	83
2022-Q1	63	21	84	8	4	12	55	17	72
2022-Q2	74	18	92	12	2	14	62	16	78
2022-Q3	69	24	93	15	2	17	54	22	76
2022-Q4	75	20	95	16	2	18	59	18	77
2023-Q1	66	38	104	10	3	13	56	35	91
2023-Q2	71	28	99	12	6	18	59	22	81
2023-Q3	38	20	58	3	2	5	35	18	53
2023-Q4	36	20	56	5	6	11	31	14	45
2024-Q1	30	10	40	3	1	4	27	9	36
2024-Q2	31	5	36	2	1	3	29	4	33

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or BHTC bed (n=2,353), or while in prison (n=4).

(2) Includes referrals that end up admitting to the BHTCs (formerly known as RTFs).

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 9b above provides the total number of felony and misdemeanor inpatient competency restoration orders for individuals waiting in the community, and Figure 9b provides a visual representation of the same data.

**Outcomes:** During the Q2 2024 reporting period, new inpatient restoration orders decreased slightly for clients waiting in the community on personal recognizance. Orders decreased statewide from 40 to 36, a 10 percent decrease. Orders at ESH decreased significantly from four to three, and orders at WSH decreased moderately from 36 to 33, an 8.3 percent decrease. WSH order numbers also include orders that are admitted for restoration services at our behavioral health and treatment centers.

**Drivers:** Current order totals statewide (36) and by facility are now below the historical average of 68.7 orders per quarter. However, the Q4 2023 total was revised upward (from 55 to 56) and the Q1 2023 revised statewide order total (104) was revised multiple times and has surpassed the previous revised record high demand level of 97 statewide orders for this legal authority. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders.

Considering the COVID-19 pandemic's shift to endemic COVID-19, by the end of Q2 2023, as a new externality, OFMHS and its partners have adjusted to the new and continuously changing environment in which to safely serve our clients. Numerous COVID-19-related changes have required that societal institutions learn how to live and work within the constraints of the disease. An outcome of pandemic-related systemic change has been pent up referral demand in cases that were delayed by prosecutors, pandemic-related court closures, and other court-related protocol during the height of early pandemic closures and lockdowns. These cases had been working through the criminal courts and have significantly impacted the behavioral health system. As of Q2 2024, there have been four consecutive quarters of significant and sustained reduction in PR inpatient competency restoration orders, which suggests that the pandemic backlog of court orders has likely completed its initial work through the system.

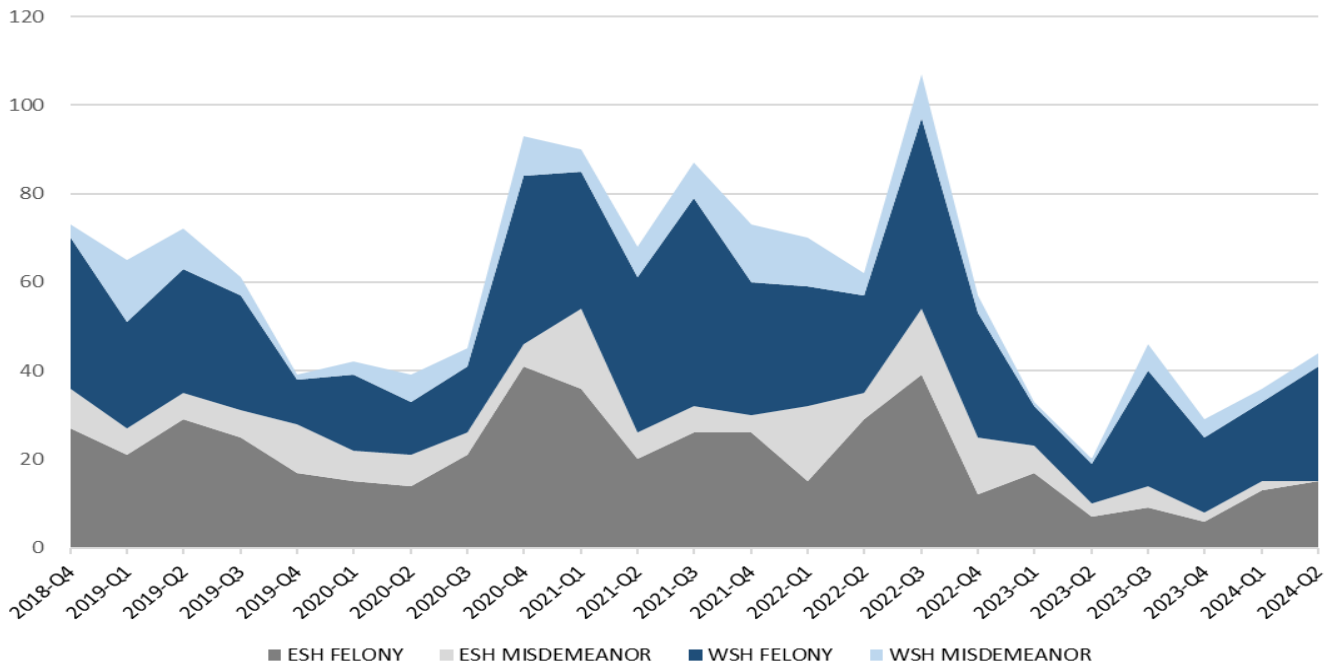
**5664 QUARTERLY REPORTING**

**Table 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter**

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	61	12	73	27	9	36	34	3	37
2019-Q1	45	20	65	21	6	27	24	14	38
2019-Q2	57	15	72	29	6	35	28	9	37
2019-Q3	51	10	61	25	6	31	26	4	30
2019-Q4	27	12	39	17	11	28	10	1	11
2020-Q1	32	10	42	15	7	22	17	3	20
2020-Q2	26	13	39	14	7	21	12	6	18
2020-Q3	36	9	45	21	5	26	15	4	19
2020-Q4	79	14	93	41	5	46	38	9	47
2021-Q1	67	23	90	36	18	54	31	5	36
2021-Q2	55	13	68	20	6	26	35	7	42
2021-Q3	73	14	87	26	6	32	47	8	55
2021-Q4	56	17	73	26	4	30	30	13	43
2022-Q1	42	28	70	15	17	32	27	11	38
2022-Q2	51	11	62	29	6	35	22	5	27
2022-Q3	82	25	107	39	15	54	43	10	53
2022-Q4	40	17	57	12	13	25	28	4	32
2023-Q1	26	7	33	17	6	23	9	1	10
2023-Q2	16	4	20	7	3	10	9	1	10
2023-Q3	35	11	46	9	5	14	26	6	32
2023-Q4	23	6	29	6	2	8	17	4	21
2024-Q1	31	5	36	13	2	15	18	3	21
2024-Q2	41	3	44	15	0	15	26	3	29

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.  
 DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024



Table 10a above describes the total number of felony and misdemeanor inpatient competency evaluation orders for individuals waiting for services in-jail, and Figure 10a provides a visual representation of the same data.

**Outcomes:** In the Q2 2024 reporting period, new inpatient evaluation orders increased significantly from 36 to 44 orders, which is a 22.2 percent increase. This follows a trend of mostly significant decreases from Q3 2022 through Q4 2023, with a brief pause and reversal for significant increases in Q3 2023 and now again in Q1 and Q2 2024. Over the last eight quarters, on net, inpatient competency evaluation orders fell from 107 to 44 orders (-58.9%).

**Drivers:** Over the long run, inpatient evaluation orders have declined, especially as a percentage of total evaluation services, punctuated by periodic fluctuations in demand. Fluctuations in demand for inpatient evaluations seem to have a direct relationship to wait times for out-of-jail evaluations for clients who are released from jail on personal recognizance. When the wait time for non-Trueblood class member PR evaluations increases, a greater number of clients are court ordered to inpatient evaluations as many of our legal partners believe this is the fastest way to obtain competency restoration services for their clients. With long PR wait lists, wait times, and near record levels of orders for many competency services, Q3 2022's significant increase in orders for inpatient competency evaluations was not unexpected followed by a return to more normal order levels within a few quarters. Additionally, beginning in Q1 2023, an executive-level admissions team has been actively managing the extremely tight inpatient bed supply at our state hospitals and BHTCs. As part of that process, OFMHS has been contacting client's counsel and court officials to attempt to convert inpatient evaluation orders to jail-based evaluations whenever possible. This approach has been successful in reducing inpatient evaluation orders and more quickly completing evaluations for clients waiting in jail for an inpatient bed. Q2 2024's order total of 44 remains significantly (25.4 percent) below the 5.75-year average of 58.7 per quarter.

**5664 QUARTERLY REPORTING**

**Table 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN THE COMMUNITY (2) for services, by quarter**

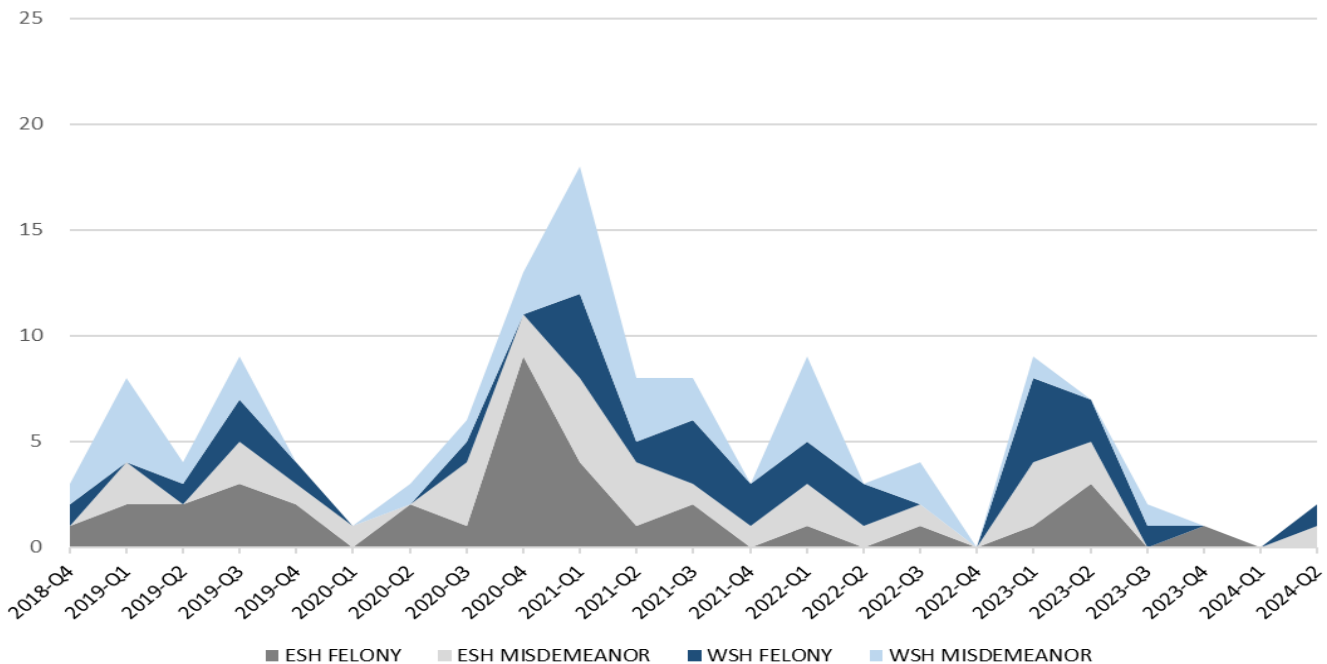
CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	2	1	3	1	0	1	1	1	2
2019-Q1	2	6	8	2	2	4	0	4	4
2019-Q2	3	1	4	2	0	2	1	1	2
2019-Q3	5	4	9	3	2	5	2	2	4
2019-Q4	3	1	4	2	1	3	1	0	1
2020-Q1	0	1	1	0	1	1	0	0	0
2020-Q2	2	1	3	2	0	2	0	1	1
2020-Q3	2	4	6	1	3	4	1	1	2
2020-Q4	9	4	13	9	2	11	0	2	2
2021-Q1	8	10	18	4	4	8	4	6	10
2021-Q2	2	6	8	1	3	4	1	3	4
2021-Q3	5	3	8	2	1	3	3	2	5
2021-Q4	2	1	3	0	1	1	2	0	2
2022-Q1	3	6	9	1	2	3	2	4	6
2022-Q2	2	1	3	0	1	1	2	0	2
2022-Q3	1	3	4	1	1	2	0	2	2
2022-Q4	0	0	0	0	0	0	0	0	0
2023-Q1	5	4	9	1	3	4	4	1	5
2023-Q2	5	2	7	3	2	5	2	0	2
2023-Q3	1	1	2	0	0	0	1	1	2
2023-Q4	1	0	1	1	0	1	0	0	0
2024-Q1	0	0	0	0	0	0	0	0	0
2024-Q2	1	1	2	0	1	1	1	0	1

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or BHTC bed (n=89), or while in prison (n=3).

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 10b above shows the total number of felony and misdemeanor inpatient competency evaluation orders for individuals waiting for services in the community, and Figure 10b provides a visual representation of the same data.

**Outcomes:** New Q2 2024 orders statewide increased from zero in Q1 2024 to two this quarter.

**Drivers:** Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload. Further, the department engages court partners when inpatient competency evaluation orders are received to explain current wait times for inpatient services and recommend the completion of the evaluation in jail.

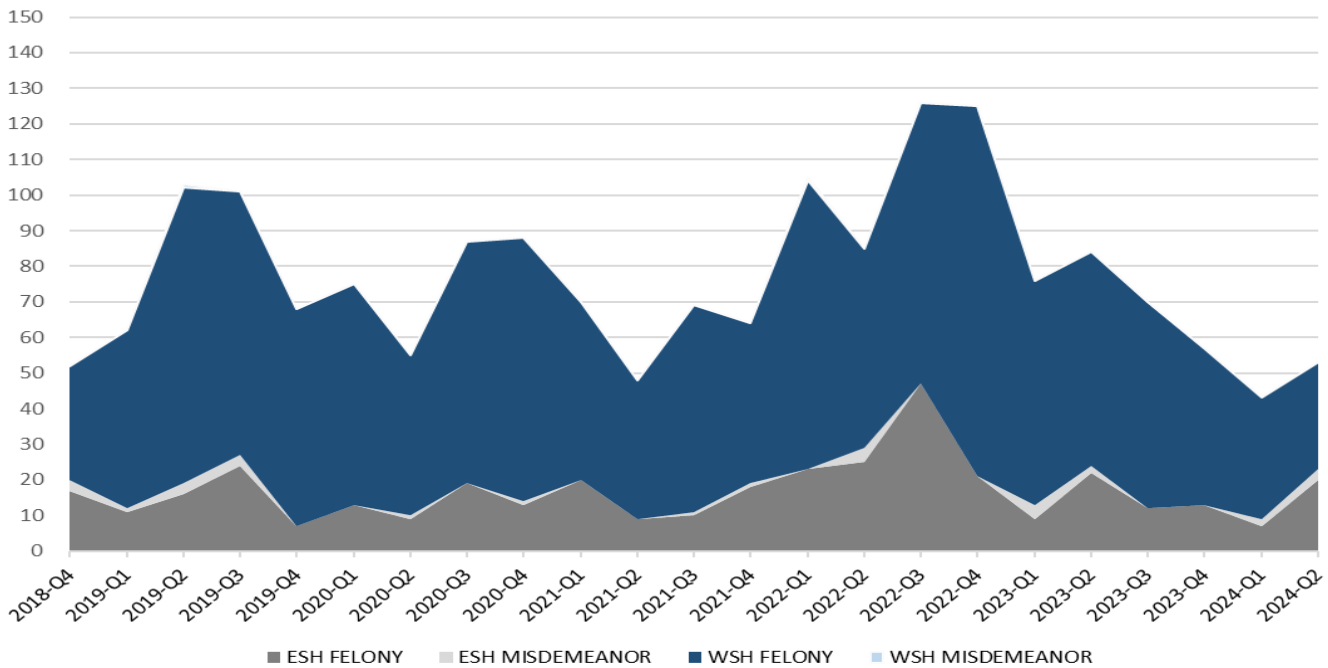
### 5664 QUARTERLY REPORTING

Table 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals  
WAITING IN-JAIL for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	49	3	52	17	3	20	32	0	32
2019-Q1	61	1	62	11	1	12	50	0	50
2019-Q2	99	4	103	16	3	19	83	1	84
2019-Q3	98	3	101	24	3	27	74	0	74
2019-Q4	68	0	68	7	0	7	61	0	61
2020-Q1	75	0	75	13	0	13	62	0	62
2020-Q2	54	1	55	9	1	10	45	0	45
2020-Q3	87	0	87	19	0	19	68	0	68
2020-Q4	87	1	88	13	1	14	74	0	74
2021-Q1	70	0	70	20	0	20	50	0	50
2021-Q2	48	0	48	9	0	9	39	0	39
2021-Q3	68	1	69	10	1	11	58	0	58
2021-Q4	63	1	64	18	1	19	45	0	45
2022-Q1	104	1	105	23	0	23	81	1	82
2022-Q2	81	4	85	25	4	29	56	0	56
2022-Q3	126	0	126	47	0	47	79	0	79
2022-Q4	125	0	125	21	0	21	104	0	104
2023-Q1	72	4	76	9	4	13	63	0	63
2023-Q2	82	2	84	22	2	24	60	0	60
2023-Q3	70	0	70	12	0	12	58	0	58
2023-Q4	57	0	57	13	0	13	44	0	44
2024-Q1	41	2	43	7	2	9	34	0	34
2024-Q2	50	3	53	20	3	23	30	0	30

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Figure 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 11a above shows the total number of felony and misdemeanor civil conversion orders for individuals waiting for services in-jail, and Figure 11a provides a visual representation of the same data.

**Outcomes:** During the Q2 2024 reporting period, statewide civil conversion orders increased significantly (23.3%) to 53. Felony civil conversion orders increased significantly (22.0%) to 50, and misdemeanor orders increased to three. Over the last 5.75 years, misdemeanor civil conversion orders have only averaged 1.3 per quarter indicating that felony civil conversions comprise most of these orders.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. During periods of lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Historically, civil conversion clients, if found incompetent, get admitted ahead of forensic patients and due to capacity constraints at the state hospitals have increasingly used forensic-designated beds. Civil patients, on average remain in those beds longer, frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner. New beds that came online in Q2 and Q4 2023 as well as in Q1 2024 have already brought much needed assistance to this issue.

During Q2 2023, a significant increase in inpatient civil conversion orders was observed following a substantial drop in orders between Q4 2022 and Q1 2023. Several factors likely contributed to this including a post-winter seasonal increase in competency evaluation and restoration orders leading to an increase in non-restorable clients; and a small rebound effect following the declaration of a state hospital admissions crisis in December 2022, by BHA Assistant Secretary, Kevin Bovenkamp, that led to immediate systemwide admissions reforms. These reforms allowed more Trueblood Class Members to gain admissions to the state hospital's forensic beds while fewer civil conversion orders resulted in admission. From Q3 2023 through Q1 2024, orders continued decreasing again indicating that the Q2 2023 rebound in civil conversion orders was likely seasonal. Again, in Q2 2024 a similar significant increase in demand may be a seasonal change showing the relationship between competency orders and civil conversions. When competency orders slow seasonally, or for any other reasons, civil orders, consisting typically of a subset of overall competency orders, also slows.

**5664 QUARTERLY REPORTING**

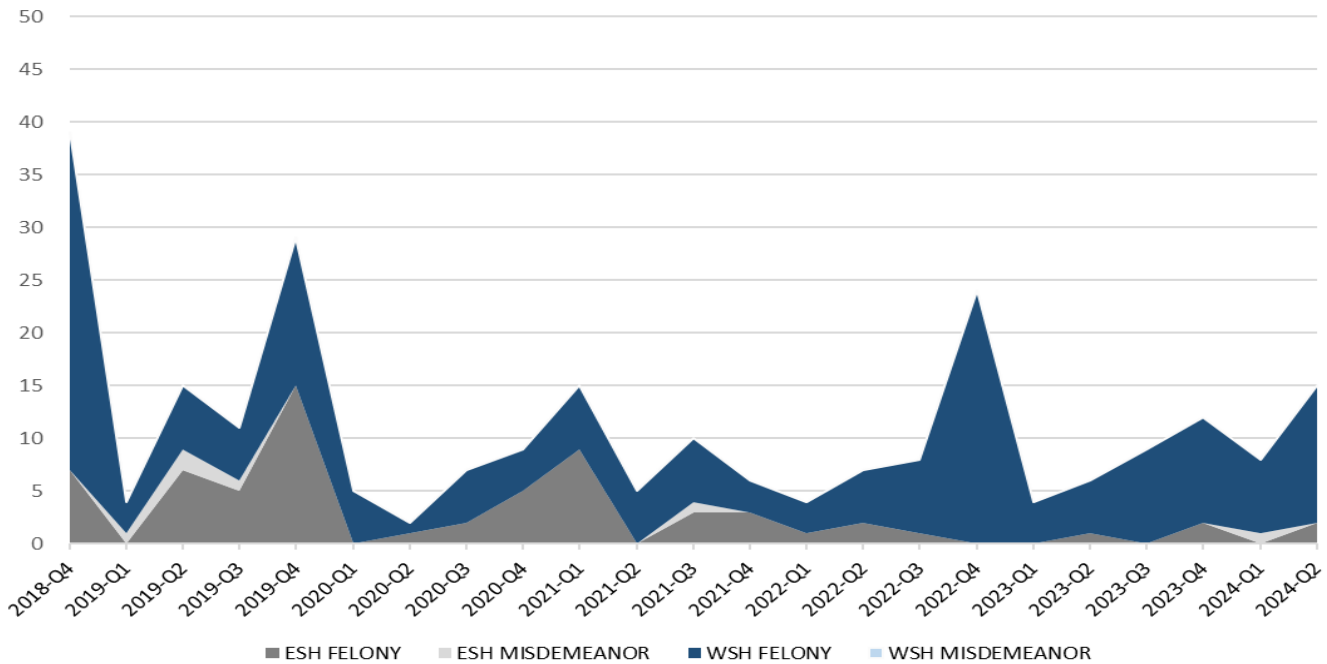
**Table 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter**

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	39	0	39	7	0	7	32	0	32
2019-Q1	3	1	4	0	1	1	3	0	3
2019-Q2	13	2	15	7	2	9	6	0	6
2019-Q3	10	1	11	5	1	6	5	0	5
2019-Q4	29	0	29	15	0	15	14	0	14
2020-Q1	5	0	5	0	0	0	5	0	5
2020-Q2	2	0	2	1	0	1	1	0	1
2020-Q3	7	0	7	2	0	2	5	0	5
2020-Q4	9	0	9	5	0	5	4	0	4
2021-Q1	15	0	15	9	0	9	6	0	6
2021-Q2	5	0	5	0	0	0	5	0	5
2021-Q3	9	1	10	3	1	4	6	0	6
2021-Q4	6	0	6	3	0	3	3	0	3
2022-Q1	4	0	4	1	0	1	3	0	3
2022-Q2	7	0	7	2	0	2	5	0	5
2022-Q3	8	0	8	1	0	1	7	0	7
2022-Q4	24	0	24	0	0	0	24	0	24
2023-Q1	4	0	4	0	0	0	4	0	4
2023-Q2	6	0	6	1	0	1	5	0	5
2023-Q3	9	0	9	0	0	0	9	0	9
2023-Q4	12	0	12	2	0	2	10	0	10
2024-Q1	7	1	8	0	1	1	7	0	7
2024-Q2	15	0	15	2	0	2	13	0	13

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or BHTC bed (n=1,132), or while in prison (n=6).

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 11b above shows the total number of felony and misdemeanor civil conversion orders for individuals waiting for services in the community, and Figure 11b provides a visual representation of the same data.

**Outcomes:** During the Q2 2024 reporting period, statewide felony in the community civil conversion orders increased from eight to 15. Misdemeanor orders decreased to zero in this reporting period. Over the last 5.75 years, misdemeanor civil conversion orders have only averaged 0.26 per quarter indicating that felony civil conversions comprise most of these orders.

**Drivers:** Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. During periods of lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Historically, civil conversion clients, if found incompetent, get admitted ahead of forensic patients and due to capacity constraints at the state hospitals have increasingly used forensic-designated beds. Civil patients, on average remain in those beds longer, frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner. New beds that came online in Q2 and Q4 2023 as well as in Q1 2024 have already brought much needed assistance to this issue.

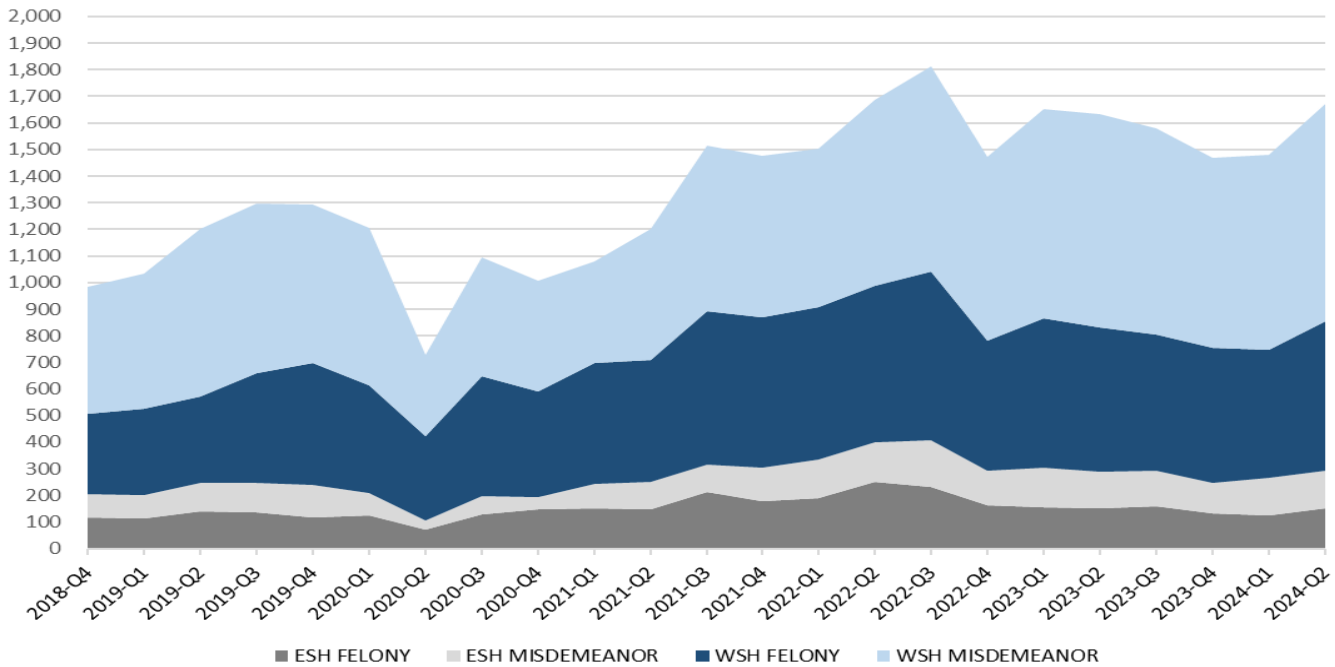
**5664 QUARTERLY REPORTING**

**Table 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter**

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	419	565	984	117	88	205	302	477	779
2019-Q1	436	597	1,033	113	88	201	323	509	832
2019-Q2	465	737	1,202	140	108	248	325	629	954
2019-Q3	548	750	1,298	135	113	248	413	637	1,050
2019-Q4	578	714	1,292	118	121	239	460	593	1,053
2020-Q1	530	675	1,205	125	84	209	405	591	996
2020-Q2	385	343	728	71	36	107	314	307	621
2020-Q3	574	519	1,093	127	72	199	447	447	894
2020-Q4	547	458	1,005	148	44	192	399	414	813
2021-Q1	608	471	1,079	153	91	244	455	380	835
2021-Q2	605	597	1,202	147	103	250	458	494	952
2021-Q3	789	725	1,514	213	102	315	576	623	1,199
2021-Q4	745	731	1,476	179	126	305	566	605	1,171
2022-Q1	763	742	1,505	190	145	335	573	597	1,170
2022-Q2	840	848	1,688	250	148	398	590	700	1,290
2022-Q3	865	949	1,814	233	175	408	632	774	1,406
2022-Q4	652	819	1,471	163	130	293	489	689	1,178
2023-Q1	716	936	1,652	155	151	306	561	785	1,346
2023-Q2	690	943	1,633	150	140	290	540	803	1,343
2023-Q3	668	910	1,578	159	135	294	509	775	1,284
2023-Q4	639	831	1,470	131	114	245	508	717	1,225
2024-Q1	604	875	1,479	124	142	266	480	733	1,213
2024-Q2	715	956	1,671	153	138	291	562	818	1,380

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.  
 DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024



Table 12a above displays the total number of felony and misdemeanor outpatient competency evaluation orders for individuals waiting for services in-jail, and Figure 12a provides a visual representation of the same data.

**Outcomes:** During the Q2 2024 reporting period, statewide orders increased significantly, from 1,479 to 1,671. This was a 13.0 percent increase. At ESH, demand for jail-based evaluations increased moderately by 9.4 percent from 266 to 291 orders. At WSH, demand for jail-based evaluations increased significantly by 13.8 percent, raising from 1,213 to 1,380 orders in Q2 2024.

**Drivers:** Societal trends suggest a growing population of persons who could benefit from mental health services; thus, it is likely that both pent up (e.g., deferred cases from COVID-19 closures) and increasing demand are adding strain to our systems, and over these periods of significant growth in orders, periodic plateaus or even small decreases in demand occur regularly prior to the next surge in orders. The emergence of the COVID-19 pandemic in 2020 led to a year-long decrease in demand shown in Table 12a and Figure 12a. Jail-based evaluations demand has not only recovered, but since Q3 2021, when quarterly demand levels first eclipsed those of Q3 2019, quarterly demand now substantially exceeds the Q3 2019 pre-COVID-19 peak demand every quarter. In Q3 2021, order levels exceeded 1,500 orders for the first time. Subsequently, eight of the last 12 quarters through Q2 2024 have seen jail-based orders exceed 1,500 (the other four quarters have never dropped lower than 1,470 orders). Q2 2022's then record-high order level became the first quarter to exceed 1,600 orders, and Q3 2022 remains the first and only quarter to exceed both 1,700 and 1,800 orders on its way to a new record-high order level. Subsequently, Q1-Q2 2023's combined 3,285 orders is the highest order number yet recorded for the first six months of the calendar year, but in Q3 2023, for the first time in 5.75 years of FDS record-keeping, the number of orders in Q3 decreased compared to Q2 and Q1 2023. While Q3 2023 remains the sixth highest order level out of the 5.75 years since record-keeping began in Q4 2018, and it is the second highest Q3 total on record, this unusual drop in demand ensures that Q3 will not have the highest number of orders in the 2023 calendar year for the first time in the FDS record-keeping era. It is also a potentially important demand fluctuation to continue watching carefully. Q1 2024's initial 1,479 order total is the lowest Q1 order total in three years, and that slight order number increase from Q4 2023 is generally in line with seasonal expectations. Staff will continue to observe monthly and quarterly jail-based demand data to determine the significance, if any, of Q1's lower than anticipated demand. Likewise, Q2 2024 shows a seasonal order increase in line with typical expectations; however, the six-month order total for the first half of calendar year 2024 is the lowest in three years at 3,150, a welcome decrease in demand for competency evaluations.

While it remains too early to determine with certainty, the unusual decrease in demand during the second half of 2023, which has sustained through Q2 2024 could signal a potential end of pandemic-era case backlogs. An additional, but significant factor in the growth of evaluation demand over the last 5.75 years has been the sustained upward growth trajectory in misdemeanor evaluations demand. In 2019, the last full calendar year prior to systemwide pandemic disruptions, ESH completed 430 misdemeanor evaluations, and WSH completed 2,368, for a statewide total of 2,798 misdemeanor evaluations. By 2022, ESH grew significantly to 598 misdemeanor evaluations, an increase of 39.1 percent before subsiding modestly by 9.7 percent to 540 orders at the end of 2023, which remains a still significant 25.6 percent total increase in misdemeanor evaluations between 2019-2023. By 2022, WSH grew significantly to 2,760 misdemeanor orders completed, a 16.6 percent increase as compared to 2019, and by the end of 2023, WSH completed

3,080 misdemeanor orders in significant year-over-year growth of 11.6 percent. The 2019-2023 period saw WSH increase its annual misdemeanor jail-based competency evaluations orders from 2,368 to 3,080 for a significant increase of 29.1 percent. Total statewide misdemeanor evaluations grew over the same 2019-2023 time period from 2,798 to 3,620 for a significant statewide increase of 30.1 percent.

Thanks to continued legislative investment and the Trueblood Contempt Settlement Agreement, OFMHS' continues to invest in expanded capacity to provide competency services and has added significant human resources and capital resources over the course of several budget biennia. Over time, improved efficiency in providing consumers with a highly valued forensic service has itself appeared to increase the demand for that service, and improvements in capacity have often been quickly outstripped by increases in services demand. OFMHS continues to drive process and efficiency improvements *“without sacrificing the accuracy and quality of competency services”* RCW 10.77.068(3), and OFMHS also continues to *“request appropriations for resources in order to meet these targets whenever possible”* RCW 10.77.068(3). These improvements in quality and efficiency have increasingly begun to yield positive results in OFMHS' timeliness metrics.

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**Table 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN THE COMMUNITY (2) for services, by quarter**

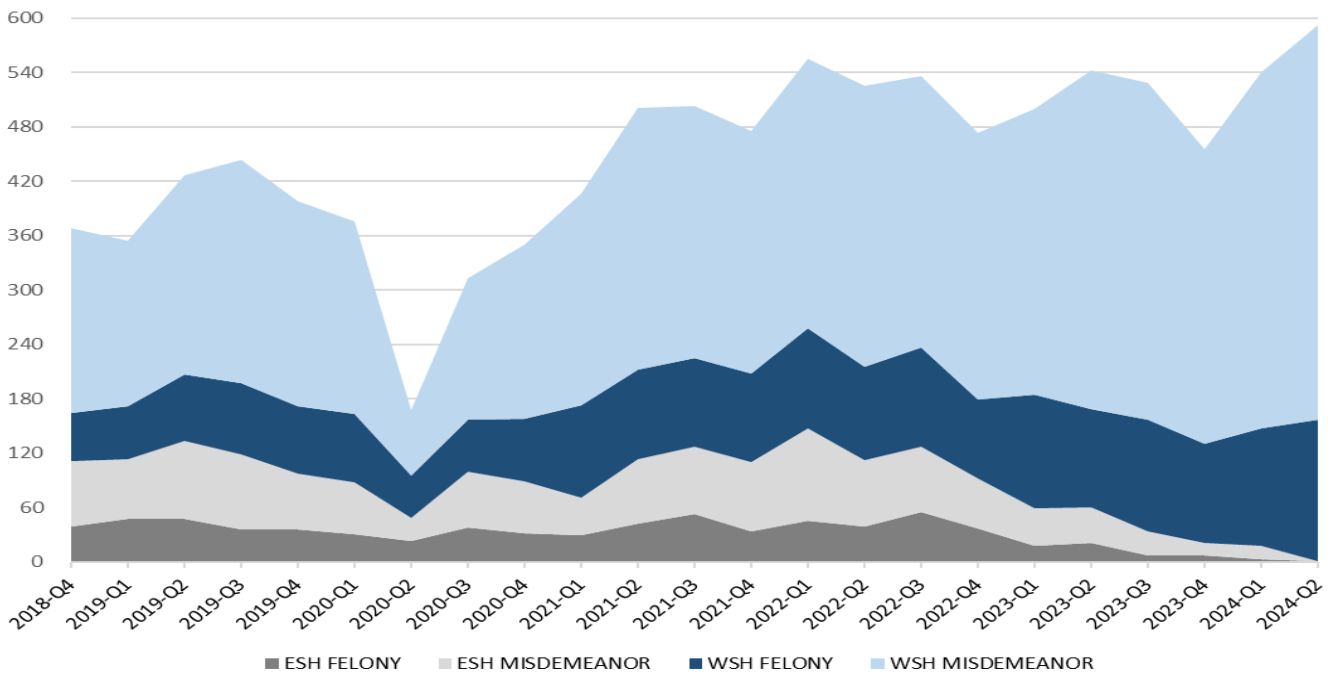
CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	92	276	368	39	72	111	53	204	257
2019-Q1	107	247	354	48	65	113	59	182	241
2019-Q2	120	307	427	47	87	134	73	220	293
2019-Q3	114	330	444	36	83	119	78	247	325
2019-Q4	111	287	398	36	61	97	75	226	301
2020-Q1	106	270	376	31	57	88	75	213	288
2020-Q2	69	99	168	23	26	49	46	73	119
2020-Q3	95	218	313	38	62	100	57	156	213
2020-Q4	101	249	350	32	57	89	69	192	261
2021-Q1	131	276	407	29	42	71	102	234	336
2021-Q2	141	360	501	42	71	113	99	289	388
2021-Q3	151	352	503	53	74	127	98	278	376
2021-Q4	132	344	476	34	76	110	98	268	366
2022-Q1	156	399	555	45	102	147	111	297	408
2022-Q2	142	383	525	39	73	112	103	310	413
2022-Q3	165	371	536	55	72	127	110	299	409
2022-Q4	124	349	473	37	55	92	87	294	381
2023-Q1	143	357	500	18	41	59	125	316	441
2023-Q2	130	412	542	21	39	60	109	373	482
2023-Q3	130	399	529	7	27	34	123	372	495
2023-Q4	116	339	455	7	14	21	109	325	434
2024-Q1	132	408	540	3	15	18	129	393	522
2024-Q2	157	435	592	1	0	1	156	435	591

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or BHTC bed (n=43), or while in prison (n=16).

DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

**Figure 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter**



DSHS - Research and Data Analysis; Data Source: BHA - Forensic Data System; Date: 7/15/2024

Table 12b above shows the total number of felony and misdemeanor outpatient competency evaluation orders for individuals waiting for services in the community, and Figure 12b provides a visual representation of the same data.

**Outcomes:** In the Q2 2024 reporting period, clients waiting for evaluations in the community on personal recognizance increased significantly (9.6%) on a statewide basis. Orders increased from 540 to 592. The last 13 quarters back through Q2 2021 have been the 13 highest quarters for orders on record, and 10 of those 12 quarters exceeded 500 orders, the only 10 quarters to exceed 500 PR orders. Q2 2024 is the highest on record, the second highest being 555 in Q1 2022.

In Q2 2024, PR order demand increased significantly in both hospital catchment areas. ESH orders decreased 94.4 percent, and WSH orders increased by 13.2 percent. At ESH, total orders decreased from 18 in Q1 2024 to 1 in Q2 2024. At WSH, PR orders increased in Q2 2024 from 522 to 591. One is a record low PR order number for ESH, and 591 is a record high PR order number for WSH.

**Drivers:** A significant portion of this post-COVID-19 shutdown sustained high demand for out-of-jail evaluations is likely generated from case backlogs and deferred prosecutions due to the pandemic. As criminal courts re-established standard operations and prosecutors filed charges on the large number of deferred cases that many jurisdictions held back during the pandemic-related closures, a significant sub-set of these cases received orders for competency services. Many of these cases were either never filed and arrested during the pandemic or were allowed, at much greater numbers, to remain in the community due to institutional closures and other pandemic-related challenges. With the Trueblood Contempt Settlement Agreement requiring that Class Member cases receive priority, PR cases often end up with longer wait times when the system becomes especially capacity constrained. An additional, but significant factor in the growth of evaluation demand over the last 5.75 years has been the sustained upward growth trajectory in misdemeanor PR evaluations demand. By 2021-2022, once case processing and court operations had largely re-normalized following pandemic emergency operations, misdemeanor evaluation court orders began to increase significantly as compared to 2019, the last full year prior to the systemwide disruptions caused by the pandemic.

Near the end of Q2 2023, as COVID-19 moved from pandemic to endemic, the PR evaluation team was able to host two multi-county competency evaluation day events. The PR evaluation events allowed the evaluators to bring together concentrated resources and complete a larger number of cases quickly. The team plans to attempt more events like these as resources allow. These types of events and the post-pandemic environment have led to some positive progress in reducing the wait list for PR cases. However, staffing levels and wider systemic challenges in health care staffing remain persistent challenges impacting performance. See the *Actions Taken* section of this report for steps the department is engaged in seeking to improve our performance.

## ACTIONS TAKEN

DSHS submitted a long-term plan to the Court in July 2015, which outlined DSHS' plans for coming into compliance with the timelines established in the Trueblood decision. On Feb. 8, 2016, the Court issued an order modifying the original April 2, 2015 order, and provided a new timeline, which required full compliance as of May 27, 2016. Pursuant to the Court's Feb. 8, 2016 order, DSHS revised the long-term plan and submitted the revised plan to the Court on May 6, 2016. The long-term plan can be found at [Combined Long-Term Plan](#).

OFMHS is responsible for the leadership and management of Washington's forensic mental health care system and is addressing the increasing demand for mental health services for adults and youth in the criminal court system. OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. 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, and quality monitoring and reporting. OFMHS collaborates with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal court system.

Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS. Four major goals for OFMHS during this period were (1) best-utilize current bed capacity and near-term bed increases; (2) gain efficiencies in evaluation delivery processes; (3) fund prosecutorial diversion programs; and (4) take action to address staffing challenges. Below are the key actions that occurred during this period to support system-wide improvement.

### **Best-Utilize Current Bed Capacity and Near-Term Bed Increases**

#### **Selected Prior Reporting Period Events Impacting Bed Capacity and Utilization Rates**

During spring and summer 2016, 54 total beds were opened in two residential treatment facilities providing inpatient restoration treatment at a lower acuity level than the state hospitals. Thirty beds were opened at the DSHS Behavioral Health and Treatment Center – Maple Lane Forensic BHTC<sup>2</sup> (Centralia, WA) and 24 beds were opened in Yakima (temporary sites). These additional beds were opened to help manage the state's waitlist for inpatient services.

WSH expanded South Hall from 15 to 30 beds in fall 2018. The Federal Court used fine funds to renovate building 27 on WSH's campus to create the third residential treatment facility, the 30-bed Fort Steilacoom Competency Restoration Program BHTC, which opened in August 2019. The Legislature has funded ongoing operations of Steilacoom Unit (*see footnote below for additional details*).

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<sup>2</sup> In late 2023, Maple Lane Competency Restoration Program, the 30-bed forensic residential treatment facility, often referred to as MLCRP or Maple Lane, has been re-named as part of a larger re-naming effort to reflect our growing civil units at the Maple Lane Campus, the Brockmann Campus in Vancouver, and a change in naming convention at the Fort Steilacoom Competency Restoration Program also known as Building 27/FSCRCP). As part of the larger re-naming, the Maple Lane forensic BHTC will now be known as Cascade Unit, and FSCRCP will now be known as Steilacoom Unit.

A needs projection and bed capacity study was completed during Q4 2018 with the TriWest Group, a consultancy organization, to determine the feasibility of and timeframe for compliance with court orders. The impact of community-based competency evaluation on the demand for inpatient competency evaluation and restoration beds were measured by TriWest Group. Results of this study were unable to identify any correlation (e.g., homelessness, arrest rates, etc.) to the increases in referrals.

A 25-bed forensic ward, 1N3, opened on June 1, 2020 at ESH, and a second 25-bed ward, 3N3, opened on Aug. 3, 2020. At WSH, two 20-bed wards opened to NGRI patients in February 2021.

As part of the Trueblood Contempt Settlement Agreement, Yakima was scheduled to close by year-end 2021, but the contractor made the decision to close in August 2021 due to pandemic-related staff retention issues. Yakima's closure removed 24 RTF beds from the inpatient system.

Due to multi-year pandemic-related restrictions, ESH had been limited to a single forensic admissions ward, which had limited its bed availability and admissions pace. Pandemic related social distancing and quarantining requirements are no longer in effect, which is beneficial for admissions and patient capacity.

The period of the pandemic beginning in Q4 2021 and continuing through summer 2022, was notable for the most significant spike in infections and direct operational impacts BHA-wide. Toward the end of Q4 2021, the Omicron variant began emerging as a more infectious successor to the previously dominant Delta strain of COVID-19 and began impacting BHA facility operations. Omicron infections spiked throughout BHA facilities in January and February 2022 leading to numerous COVID-19 related restrictions, admissions holds, staffing shortages, and patient quarantines. Omicron-related impacts to facilities' operations persisted well into Q2 with admissions often running substantially below standard capacity or remaining entirely on hold to prevent wider COVID-19 outbreaks. By the end of Q2, BHA facilities began resuming a more normal level of COVID-19 impacted operations. Omicron infections finally slowed down heading into Q3, although it and its subvariants remained the dominant strain of COVID-19 throughout most of 2022.

The governor's state of emergency proclamations gradually expired, and the formal emergency declaration ended on Oct. 31, 2022. Facility-specific precautions continued through the fall and winter as COVID-19 continued to circulate along with significant cases of seasonal influenza, norovirus, and RSV. Heading through Q1 and Q2 2023, the healthcare response to COVID-19 moved from a pandemic emergency response to that of an endemic, seasonal outbreak type response. COVID-19 has adopted circulatory patterns similar to those of other seasonal viruses. Indeed, as seasons have changed throughout calendar year 2023 and now through Q2 2024, levels of COVID-19 in BHA's facilities have fluctuated from lower to higher levels on an ebb and flow basis. At times, outbreaks have necessitated short-term patient quarantines or brief admissions holds to prevent more widespread disease outbreaks. COVID-19 is now among several endemic, seasonal type illnesses like influenza and RSV that could potentially impact facility operations.

### Current Bed Capacity Utilization Initiatives

In May 2024, during Q2, the Cascade Unit BHTC on Maple Lane's campus began its pre-scheduled ramp down per the Trueblood Settlement Agreement. As a result, 30 forensic competency restoration beds for Class Members were brought offline at Cascade Unit BHTC, and the final patient was transferred out on June 11, 2024. Those 30 BHTC beds at WSH were backfilled with Class Members, so there was no competency bed loss. Cascade Unit closed to Class Members permanently on June 28, 2024. Cascade is getting a quick update before re-opening its 30 beds to NGRI patients in early Q3 2024. As NGRI patients transition to Cascade in Q3, this will free up 30 beds for Trueblood Class Members between WSH and ESH.

BHA recently hired a bed allocation manager to develop and implement data-driven strategy around bed management and throughput in our facilities. An early success at WSH, during Q2 included bed reallocation between civil conversion and Trueblood Class Members. Too many high acuity civil patients, who could not successfully have roommates were occupying double-occupancy rooms. By reviewing data, it became clear that shifting civil conversion patients from double-occupancy rooms into the single rooms freed up an additional 20 beds for civil patients. This allowed the department to better manage patient flow and hit record levels of on-time inpatient admissions.

Eighteen additional civil beds opened at OHBH in Q1 2024. This provides greater flexibility in moving additional civil patients from WSH to OHBH and in using freed up beds at WSH for forensic competency services. WSH opened an additional 30 competency restoration beds in January 2024, ESH opened eight competency restoration beds in January, and then shortly thereafter converted a former NGRI unit into a competency restoration unit. The net effect brought a total of 35 additional competency restoration beds online at ESH. Finally, in March 2024, Maple Lane Campus brought Columbia Unit online for 30 new NGRI beds. These new beds allowed patients to transfer from WSH and ESH freeing up 30 beds between the state hospitals for additional restoration services beds.

In Q4 2023, the recently acquired (*see below*) Olympic Heritage Behavioral Health opened 54 beds for civil conversion patients, and 18 additional beds opened at OHBH during Q1 2024.

No new beds opened during Q3 2023; however, OHBH was acquired by DSHS in summer 2023 and plans for new beds exist in Q4 2023. The initial intent was to use beds opening at OHBH for civil conversion patients from WSH to free up limited civil patient space and provide additional space for Trueblood Class Members.

During Q2 2023, with COVID-19 related admissions restrictions lifted, Steilacoom and Cascade Units were able to raise their census back to 30 patients. Continued reduction of civil admissions at the state hospitals allowed for greater numbers of Trueblood Class Members to gain admissions to the state hospitals, which gradually resulted in decreasing wait lists and waiting times for inpatient services. Additionally, 74 new beds opened in Q2 2023. Fifty-eight competency restoration beds opened in two remodeled wards at WSH, and 16 civil beds opened on Maple Lane's Campus in Oak Unit, which has freed up additional bed space for forensic patients at WSH.

During Q1 2023, inpatient bed capacity was closely managed by an executive-level planning team charged with carefully matching the limited available bed openings to the types of patients waiting for admissions. The team was additionally charged with client's legal teams and court partners to complete inpatient evaluation orders while clients waited in jail, where feasible, instead of allowing clients to wait in jail for several months to be brought for an inpatient competency evaluation, which also occupies an inpatient bed. This capacity management initiative has shown success in increasing bed turnover and Trueblood Class Member throughput in Q1 2023 compared to Q4 2022.

During Q4 2022 in response to the ongoing demand surge for restoration beds, and the lack of available beds for forensic admissions and especially admissions for Trueblood Class Members, BHA Assistant Secretary, Kevin Bovenkamp, issued a letter dated Dec. 14, 2022, detailing new emergency admissions procedures in effect at the state hospitals and residential treatments centers. These new procedures evaluate individual clients with civil orders to determine whether it is possible to serve those clients at the state hospital. When it is not possible to admit them, the patients, their legal team, and the court are issued "no admit" letters informing them of the decision to not offer civil admission to the client.

During Q3 2022, a focus on keeping beds as full as possible was a continued key strategy, given the need to respond to probable and actual COVID-19 positive tests among patients and staff at the following facilities: ESH, WSH, Steilacoom Unit, and the Maple Lane Campus. Recently, Steilacoom and Cascade Units have returned to a full capacity of 30 clients each and have been building toward reaching that capacity. During the COVID-19 related state of emergency that concluded after Q3 2022 ended, Cascade and Steilacoom Units had reduced their patient census to 25 clients each, as part of COVID-19 protocols, and each facility often had to operate at an even lower census due to COVID-19 induced admissions holds. Each facility made these changes to allow for social distancing within the facility and to accommodate a quarantine room.

Triage services have continued to identify individuals for whom expedited admissions may be appropriate. As of June 30, 2024, the Triage Consultation and Expedited Admissions program, has identified and accepted requests for 644 individuals for expedited admissions, out of a total of 1,047 individual referrals. Assisting some of the highest acuity clients to access competency services sooner, may result in less decompensation and less use of services in the long run. Most importantly, it potentially allows our most vulnerable clients to access critical, person-centered services in a therapeutic setting.

A team of nine forensic navigators was hired in winter and spring 2020 and deployed to our 10 Phase 1 counties to begin serving clients on July 1, 2020. Navigators are developing strong relationships with our court and outpatient restoration partners and are already making key differences in client-centered problem solving and connecting clients to needed resources. Navigators partner closely with the Outpatient Competency Restoration Program, which was also implemented on July 1, 2020, in partnership with the Health Care Authority. To learn more about OCRP and to review the available client-level data, the [Trueblood Semi-Annual Report](#) sections on Community Outpatient Services and Appendix B-OCRP Dashboard, provide further information. OCRP allows both Trueblood Class Members and personal recognizance clients to utilize lower-acuity level beds, as appropriate, thus freeing additional otherwise occupied higher-



acuity beds at the state hospitals and at the BHTCs for higher acuity Class Members. As of Q3 2022, forensic navigators and HCA's OCRP administrator continue outreach to the criminal courts to expand use of OCRP in the 10 Phase 1 counties. This outreach is expected to remain an ongoing feature of both programs well into future reporting periods.

On July 5, 2022, OFMHS implemented a new process to allow suitable BHTC clients on their second period of restoration to transition to outpatient restoration. Significant collaboration among forensic navigators, OCRP, the BHTCs, and the criminal court system have allowed this new effort to reduce demand and increase throughput of higher acuity beds to come to fruition. The new process allows clients to access significant community resources to aid in their restoration and provides more bed turnover at BHTCs allowing patients with greater acuity admission to those beds. The initial clients identified and referred for participation have undergone an assessment for OCRP suitability conducted by a forensic navigator. In the initial cases, the clients were found competent, and therefore were not referred to OCRP; however, their BHTC bed was freed for another higher acuity client. This process has continued to function throughout the second half of 2022 and through Q2 2023, and on May 10, the first BHTC resident transferred to OCRP in King County.

Phase 2 expansion of the Forensic Navigator program into the King region allowed the hiring of an additional nine forensic navigators plus supervisors and support staff to provide the services available in the 10 Phase 1 counties. Navigators were hired in summer and fall 2021, and services expanded to the King region in January 2022. With OCRP's first patient admission in the King region on Oct. 31, 2022, the entire programming suite of Trueblood Settlement Agreement services are available in the Phase 2 region, navigators have more tools at their disposal to guide and assist their clients. Navigators seek to divert criminal defendants out of jails and inpatient restoration settings, and into community-based restoration and treatment settings. Program participants are assigned a forensic navigator at the time the court orders a competency evaluation. Their support starts with making connections to resources while clients are in jail. If clients are deemed competent, forensic navigator services end. For those who are determined not competent to stand trial and are ordered into outpatient competency restoration, forensic navigators continue serving these clients and work with other Trueblood programs until they provide warm handoffs to community resources.

In general, forensic navigators work with clients to ensure that they comply with their conditions of release, attend outpatient competency restoration classes, and adhere to prescribed medications. Navigators also connect clients to additional supportive services in the community, such as housing, mental health and substance use treatment, supported employment services, and community-based case management services.

Phase 3 of the Trueblood Settlement Agreement began in Q3 2023, which allows the Forensic Navigator program to expand to two new regions inclusive of five counties. The legislature funded additional navigator positions in the Phase 1 and 2 regions as well, and they agreed to fund a new program called Diversion Navigators. The Diversion Navigator program seeks to divert identified class members prior to competency evaluation to reduce repeat use on the system and to seek improved outcomes for their clients. This new program is being implemented in all three of the phased regions covering the Trueblood Contempt Settlement Agreement. Early implementation

activities for both the Forensic and Diversion Navigator programs have included significant efforts to hire and train the significant numbers of staff members funded through the Legislature's 2023-2025 biennial budget.

In Q2 2024, Phase 3 Forensic Navigator staff began navigator engagement on April 15, 2024. The navigator team has been well received due to the ongoing communication established by early outreach in the area. A previous navigator, who was a navigator in another phase, has been hired as a regional supervisor and helped lead the team into active engagement with courts and providers. Phase 3 is fully staffed with nine navigators.

Additionally, the Diversion Navigator program employs a team of navigators who will support clients who have had engagement with the court and still need additional advocacy. As RCW 10.77.072 notes, the diversion navigator's role will be to divert people who have received two competency evaluations in the last 24 months where cases have been dismissed. Since these people are in custody for a new charge, the program seeks to engage with these clients before they receive another referral into the forensic competency system. The diversion navigator's goal is to connect with each client to complete the recommended diversion plan and provide the completed plan to all court parties.

#### Near-Term Projects to Expand Bed Capacity

During calendar year 2024, the following beds are expected to open to patients:

1. In January 2024, ESH added eight competency restoration beds, and then shortly thereafter converted a unit of beds previously used for NGRI patients into competency restoration beds. The net effect of these two actions created 35 additional beds available for competency restoration services at ESH.
2. At WSH, 30 additional competency restoration beds were brought online in January 2024.
3. Olympic Heritage Behavioral Health in Tukwila opened 18 additional civil beds in January. This has allowed more civil patients to transfer from WSH to OHBH. OHBH now has 72 civil beds in operation.
4. The 30-bed remodel of Columbia Unit at the Maple Lane Campus as a facility for NGRI patients from WSH. After delays from 2023, the facility opened in March 2024. Opening this unit to NGRI patients allowed 30 NGRI patients to transfer from WSH and ESH, creating more opportunities to use beds at the state hospitals for competency restoration services.
5. HCA has increased community-based civic conversion bed capacity by amending existing Long-Term Civil Commitment contracts. Eighty-six beds across the state are available for civic conversion patients.
6. HCA secured a Decision Package that increases the LTCC reimbursement rate from \$940 to \$1,250.

7. On June 28, 2024, Maple Lane Campus' – Cascade Unit closed its 30-bed forensic BHTC to as agreed to in the Trueblood Settlement of Contempt Agreement. However, shortly after the closure, DSHS will re-open Cascade Unit as a 30-bed facility for NGRI patients. This will allow WSH and ESH to absorb the loss of forensic beds when Cascade Unit closes as a forensic BHTC.

Due to COVID-19 related supply chain disruptions and challenges within the construction industry, no new beds opened during calendar year 2022. The following beds opened to patients during calendar year 2023:

1. Two new 29-bed inpatient forensic competency restoration wards at WSH. One ward opened in early May, and the second ward opened in mid-May.
2. Contracted with Emergent Community Hospital for up to 50 beds for felony conversion patient transfers from the state hospitals. Contract was in place and active as of Q1 2023.
3. Oak Unit: The 16-bed inpatient BHTC Civil Center for Behavioral Health at Maple Lane. Opened early April 2023.
4. HCA and Commerce have continued working to create 110 civil commitment beds for 90-180-day civil patients across the state. Eight projects have been awarded capital funding between the 19-21 and 21-23 budget biennia. As of fall 2022, one project is complete.
5. During summer 2023, DSHS purchased a private mental health hospital in Tukwila to re-open as Olympic Heritage Behavioral Health and use initially for civil conversion patients. Beds that open at Olympic Heritage will free up space for Trueblood Class Members at WSH. These beds are not included in the new bed totals listed above. In Q4 2023, an initial 54 beds opened for civil conversion patients.

### **Gain Efficiencies in Evaluation Delivery Process**

During the 2015-2017 and 2019-2021 state budget biennia, 39 forensic evaluators were added to current staff levels. The department continues to examine evaluator and support staff levels to determine optimal staffing to support legislative requirements outlined in RCW 10.77.068 and implementation of the Trueblood Contempt Settlement Agreement. The department submitted a decision package to the Governor's office requesting additional forensic evaluators and related support staff be included in the 2023-2025 biennial budget request. The governor included that request in his budget proposal to the Legislature. Subsequently, the legislature passed, and the governor enacted into law substantial new staffing resources to better serve Trueblood Class Members.

Additional ongoing efforts have continued around workforce development. Specifically, staff evaluators are provided training, with national experts in the field of competency evaluations, as a part of ongoing efforts to create and maintain the most highly trained and efficient staffing possible. Following the conclusion of the telehealth evaluation pilot project, use of telehealth services for evaluations has continued at existing pilot sites. For the first two years of telehealth evaluations, it proved challenging to engage jails and other entities in adopting remote evaluations;

however, with the COVID-19 pandemic, OFMHS' was prepared to quickly shift to and effectively deploy workforce development staff to assist jails and others in adopting the necessary technology to conduct telehealth evaluations.

A first look at Q2 2024's 255.3 evaluations on completed telehealth evaluations is moderately lower (-4.0%), as compared to Q2 2023's more mature data. Q2 2023's completed telehealth evaluations per month on average is 265.8. Telehealth data matures slowly, and so an initial decrease in a low-moderate range may not be indicative of an actual decrease in telehealth usage as the data continues maturing over the next one-to-two quarters.

Defense attorneys and clients continued to use the system with few rejections. The refusal rate decreased to 0.9 percent of attempts over the last 12 months, with client refusals decreasing from 43 to 32 percent of the total refusals. Client's attorneys still refused most of the telehealth evaluations. Telehealth systems' reach across the state has continued to grow. Telehealth systems have been used for evaluations at three Tribal corrections facilities; 11 city/regional jail locations; in 32 different counties with 35 total locations; at three OCRP programs; and in five DSHS inpatient facilities (including the Yakima RTF that closed on July 26, 2021, and the Cascade Unit BHTC that closed on June 28, 2024). The OFMHS Telehealth committee provides IT and ongoing site support for existing telehealth sites and works to identify and evaluate new sites to begin offering telehealth services.

Staffing challenges at the ERO, during Q3-Q4 2021 that persisted through the second half of 2022, exacerbated inefficiencies in evaluation scheduling practices for forensic evaluators who complete all forensic evaluations on the eastside of Washington state. OFMHS submitted a decision package, as part of assuming scheduling for all of our evaluators and has been working on aligning scheduling processes across the state. Scheduling process unification and implementation continued throughout 2022. Early results were promising, and ERO's on time performance for jail-based competency evaluations demonstrated substantial recovery by Q4 2022. A strong team is excited and engaged in this transformative effort. Additionally, evaluators and supervisors from the westside have assisted in tackling the competency services' case backlog to help the eastside become more current in their evaluations. During Q4 2022, timely completion of jail-based competency evaluations by the ERO more than doubled, and during Q1 2023, timely completion improved an additional 27.5 percent to 93.1 percent. Q2 2023 saw a slight decline in jail-based evaluation completion times at ERO, before increasing again in Q3 2023 to a record high 94.2 percent. On revision, Q4 2023 came in slightly less than Q3 at 91.4 percent. Q1 2024 increased again at ERO to 93.5 percent on time, and the average days waiting declined 10.5 percent to 12.8 days.

Through the demand to bargain process, eastside evaluators transitioned from workload expectations of nine evaluations per month to 12 evaluations per month. This change required several months to implement. After implementation, workloads on both sides of the state now match. Furthermore, a demand to bargain was completed in September 2022 to allow DSHS to contract both in-state and out-of-state forensic evaluators to assist with competency orders. The ability to contract provides needed flexibility to handle staffing vacancies and has also assisted in improving timely completion of jail-based evaluations.

## **Funded Legal Diversion Programs**

The community liaison and diversion specialist continues OFMHS' efforts in reducing demand for beds by working with community stakeholders to find and utilize available resources outside the criminal court system that will meet the needs of this population while fulfilling OFMHS' requirements under Trueblood. OFMHS community liaison and diversion specialist manages the contracts for three prosecutorial diversion programs and provides ongoing technical assistance to the programs to assist them in meeting enrollment goals and overcoming other challenges.

The program in King County is a prosecutorial diversion program, which as of July 2023 is jointly funded by its second one-year contract with HCA and a contract with OFMHS. This program allows a prosecutor to use their discretion to dismiss a non-serious charge without prejudice if the issue of competency is raised. The intent of this program is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization into needed behavioral health treatment. In addition to this prosecutorial diversion program in King County, DSHS also contracts for the same services in two other locations: Spokane County and Benton/Franklin Counties (the contractor is Lourdes).

The programs mentioned above continued to operate through the pandemic though services were reduced and modified to incorporate more technology (e.g., Zoom for Healthcare) into client meetings. The pandemic resulted in reduced enrollment opportunities for the three DSHS contracted diversion programs. Having emerged from the pandemic, all three programs continue efforts to improve enrollment. OFMHS' community liaison and diversion specialist works with each program to reduce barriers to success. Fiscal year 2023 first-quarter enrollment in the three programs demonstrated significant and encouraging improvement. For Q2 FY'23 (Q4 2022), the pace of enrollment in the DSHS contracted diversion programs slowed as compared to Q1 FY'23, but it remained on pace to meet enrollment expectations for FY'23. For Q3 FY'23 (Q1 2023), enrollment remains on pace to meet the annual enrollment expectations for FY'23. For Q4 FY'23 (Q2 2023), enrollment picked up in the King County program but performed below expectations in the Spokane County and Benton/Franklin County programs. As a result, the DSHS contracted diversion programs missed their 180-client enrollment goal by 1.7 percent or three clients. Compared to FY'22, however, the programs showed significant combined enrollment growth of 17.2 percent or 26 clients.

For Q1 FY'24 (Q3 2023), the new fiscal year is off to a good start for the DSHS contracted diversion programs. Fifty-two clients enrolled in the quarter, which is above the pace needed to meet or exceed the FY'24 enrollment goal of 186. For Q2 FY'24 (Q4 2023), 45 clients enrolled in the three DSHS contracted diversion programs. With a total enrollment of 97 clients through the first two quarters of FY'24, enrollment is 4.1 percent ahead of the needed enrollment to meet the annual goal. For Q3 FY'24 (Q1 2024), 48 clients enrolled in the three DSHS contracted diversion programs. With a total enrollment of 145 through three-quarters of FY'24, enrollment remains 3 percent ahead of the pace need to meet the FY'24 enrollment goal. For Q4 FY'24 (Q2 2024), 48 clients enrolled in the three DSHS contracted programs resulting in 193 enrolled clients for FY'24. Total FY'24 enrollment exceeded goals by 3.8 percent.

The twelve diversion programs that had previously been funded through federal court contempt fines from the Trueblood decision had fine funding withdrawn for FY'23. The federal court

informed the programs to locate more sustainable sources of funding. Five of the programs found other sources of funding or closed, and seven of the programs received a one-year bridge appropriation from the Legislature in FY'23. The six programs listed below received an additional one-year bridge appropriation for FY'24 and remain under contract with HCA.

1. Frontier Behavioral Health (Spokane)
  - a. Co-responder/Designated Crisis Responder services
  - b. Total contract amount: \$647,341
  - c. Fronter's Co-responder program provides mental health co-responder services to the Spokane City Police Department and coordinates with the Spokane County Jail and Community Court to increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program also provides in-reach services, certified peer counseling, and connection to additional behavioral health providers.
  
2. Comprehensive Healthcare (Yakima)
  - a. Collaborative Diversion program and Intensive Community Support programs
  - b. Total contract amount: \$1,451,195
  - c. Comprehensive's Collaborative Diversion program provides mental health co-responder and designated crisis response services to the Yakima Police Department, Yakima Sheriff's Office, and Union Gap Police. The Intensive Community Support program provides case management, behavioral health, and jail re-entry services to former, potential, and current Trueblood Class Members.
  
3. King County BHASO
  - a. Community House Mental Health Agency, Law Enforcement Assisted Diversion, Legal Intervention and Network of Care, and the Community Outreach and Advocacy Team programs
  - b. Total contract amount: \$3,286,000
  - c. King County's Trueblood Diversion programs aim to provide behavioral health and other services in community settings as an alternative to criminal legal involvement, which is likely to include forensic mental health services related to defendants' competency to stand trial. These programs provide law enforcement and prosecutorial diversion, low-barrier behavioral health services, intensive case management, and supportive housing to former, potential, and current Trueblood Class Members.

4. Kitsap Mental Health Services
  - a. Trueblood Diversion program
  - b. Total contract amount: \$422,499
  - c. Kitsap's Trueblood Diversion program aims to bridge the divide between the behavioral health system and the criminal court system by providing re-entry services, certified peer counseling, care coordination, and housing support to former, potential, and current Trueblood Class Members.
  
5. Community Integrated Health Services (Formerly Great Rivers) (Chehalis)
  - a. Trueblood Diversion program for Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails
  - b. Total contract amount: \$1,204,000
  - c. Community Integrated Health Services' Trueblood Diversion Service program aims to reduce the demand for competency services, minimize the harm inflicted in the criminal court system, and provide services to individuals with behavioral health issues in the least restrictive environment. This program provides jail re-entry services, mental health services, certified peer counseling, and intensive case management within the Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails.
  
6. Catholic Charities of the Diocese of Yakima (program location is Chelan)
  - a. Co-responder Services and Jail Diversion
  - b. Total contract amount: \$983,924
  - c. Catholic Charities Diversion Crisis Response Services/Co-responder and Jail Diversion programs increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program serves those members indicated above who have contact with law enforcement and jails, by integrating mental health professionals into law enforcement response and jail-based services to deflect potential Class Members away from arrest and incarceration through designated crisis response, co-responder services, crisis intervention, jail screening and re-entry services, and care coordination.

A staff member at HCA manages the contracts and technical assistance to these diversion programs. Unless renewed in the upcoming FY'25 supplemental budget, funding for these programs is expected to expire at the end of FY'24. To continue operations, these programs would need to locate alternative sources of funding. As of December 2023, none of the contracted diversion programs have alternate funding sources.

### **Take Action 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 unfilled. 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, 2023, and into 2024. Even with these successful actions, BHA continues to face high vacancy rates in several critical patient-centered job classes. As of early April 2024, vacancies in these classes now range between 30-44 percent. The ability to maintain current restoration capacity is a challenge, and staffing new facilities' capacity is also very challenging.

BHA has established an 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, and 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 letters 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 received 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 forensic evaluators and psychiatric social workers
- Extra duty pay for ARNPs (1 ¼ times the regular rate)
- Extra duty pay for physicians and psychiatrists (1 ¼ times the regular rate).

The 2024 legislative session passed several new pieces of legislation including measures designed to increase staff recruitment and retention, including:

- Extending eligibility of the Public Safety Employees Retirement System to staff of the Special Commitment Center and staff of the civil and not guilty by reason of insanity residential treatment facilities effective June 1, 2025.
- Adopting a social work licensure compact to make it easier to hire social workers from as many as 25 other states.
- Adopting a physician assistant compact, making it easier to hire PAs from as many as 16 other states.
- Outlines opportunities for out-of-state providers to provide telehealth services; allows providers to establish a patient relationship via telehealth.

## **NEXT STEPS**

Future reports will provide continued progress reporting, with a focus on efforts made in five main areas as they relate to compliance: (1) expanding and best-utilizing bed capacity, (2) increasing throughput for inpatient services, (3) managing in-custody evaluations to reduce barriers so compliance can be reached, (4) decreasing demand for competency services, and (5) identifying and implementing additional actions to address staffing challenges.

Work continues to bring new beds online over the next several reporting periods as well as over the next several fiscal years. Newly opened beds fill quickly and rapidly provide increased client benefit. With endemic COVID-19, more standard admissions protocol are in place, which has allowed BHA to quickly fill new beds like the 29-bed forensic units at WSH that began operations in early- and mid-May 2023, respectively. Likewise, when the new Oak Unit civil BHTC facility (16 beds) at the Maple Lane Campus opened in early April 2023, the beds were quickly filled with civil patients who were transferred from WSH, freeing up additional space at the state hospital for Class Members. Columbia Unit opened in Q1 2024, a new NGRI (30 beds) facility at the Maple Lane Campus, which has freed up additional forensic competency services ward space at WSH and ESH; planning continues for a three-ward civil facility, of 16-beds each, run by DSHS in Clark County; and work continues on a Snohomish County civil BHTC (16 beds) in partnership with the Tulalip Tribes and HCA. HCA continues work with Commerce to create 110 new beds statewide for 90- and 180-day civil commitments. Each of these new civil and NGRI bed projects would allow civil patients to obtain treatment closer to home while forensic Trueblood clients could potentially gain additional beds at WSH. Additionally, the new 350-bed forensic hospital on WSH's campus has begun its demolition phase and is looking toward a potential completion of construction as early as 2027 – with patients entering the facility in 2028.

The major focus for OFMHS in the future is to work on reducing demand for all competency services through continued implementation of the Trueblood Contempt Settlement Agreement. The Forensic Navigator program initially launched July 1, 2020, and is connecting class members with an enhanced suite of services as they navigate the competency/restoration process. Outpatient Competency Restoration also launched on July 1, 2020, and works in concert with the Forensic Navigator program to educate the criminal courts and guide appropriate clients to needed services – especially outpatient restoration – and away from inpatient beds in secure state facilities. In summer and fall 2021, the Forensic Navigator program hired nine new navigators for the program's expansion into the King region. It also hired a supervisor for the King region group and an additional supervisor to jointly oversee the Southwest Washington and Spokane Forensic Navigator groups. The newly hired forensic navigators began onboarding and training with OFMHS in November 2021 and implemented Phase 2 navigator services in the King region in January 2022.

During Q3 2022, OCRP programs continued planning for Phase 2 King region implementation of the Contempt Settlement Agreement. OCRP contracted with a provider to implement OCRP in the King region. Limited outpatient restoration services began in Q4 on Oct. 31, 2022. Additional program slots became available in Q1 2023 as the contractor hired and trained additional staff. Every person identified as appropriate and subsequently ordered for restoration treatment in OCRP can access community resources and build or rebuild the community supports necessary to enable

success post-restoration. Diverting people from inpatient hospital or BHTC beds allows people with higher acuity to access those beds.

Efforts to reduce demand for competency services include several innovative programs listed as follows: Forensic Projects for Assistance in Transition from Homelessness, mobile crisis response, and Forensic Housing and Recovery through Peer Services teams. FPATH identifies and builds relationships with persons at highest risk for involvement in the criminal court, homelessness, and forensic mental health systems to provide services and prevent involvement in these systems. MCR provides timely interventions in the field to keep individuals from being arrested and incarcerated and to instead quickly connect them with the services they need. FHARPS identifies persons who are homeless or unstably housed who also have behavioral health needs and connects them with supports for housing and peers who have similar lived experience. Each of these programs is working to meet client's needs and to enable them to move forward in a positive manner before a behavioral health crisis necessitates criminal court involvement or involuntary hospitalization. FPATH, MCR, and FHARPS programs have implemented their services for Phase 2 in the King region. Services became active during Q1 2022. These programs pair ideally with Forensic Navigator services and with OCRP. FPATH, MCR, and FHARPS continue working closely in the King region with their navigator counterparts.

OFMHS management has worked with the union to create additional efficiencies for jail-based evaluations. Through the demand to bargain process, eastside evaluators transitioned from workload expectations of nine evaluations per month to 12 evaluations per month. This change took several months to implement. After implementation, evaluator workload on both sides of the state now matches. Further, an additional demand to bargain was completed in September 2022 allowing DSHS to contract both in-state and out-of-state forensic evaluators to assist with competency orders. Recent work to implement changes from the successful contract evaluations demand to bargain agreement continued into Q4 2022. On time jail-based evaluation completions for the eastside more than doubled in the last few months of 2022, and part of this success can be attributed to successful implementation of recent demand to bargains. Significant improvement in timely jail-based evaluation completions continued and has endured throughout 2023.

Department of Social and Health Services staff continued advancing transformative solutions to the forensic system in a safety and patient-centered care environment, despite the challenges induced by the historic pandemic. In addition to impacting our manner and ability to operate services, COVID-19 substantially exacerbated systemic health care staffing challenges, many of which already impacted the forensic mental health system prior to COVID-19's emergence. Competing for staff talent with the private sector and in the context of the post-pandemic labor market has left many positions, especially at our treatment facilities, chronically unfilled. Nevertheless, the department continues to identify and implement creative solutions within its existing authority and partners with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. DSHS has continued this critical focus through Q2 2024 and plans continued emphasis in these areas for the foreseeable future.

An example of one such innovative approach is the SCORE Pilot Project approved by the Legislature, which has been active at the South Correctional Entity in King County for nearly one year. Under the care of a clinical intervention specialist and psychology associates Trueblood Class Members at SCORE have the voluntary opportunity to engage in enhanced jail services while at SCORE. Some of the services include access to medication and medication management as well group sessions to assist Class Members in building the needed skills and capacities to navigate their behavioral health situations. Other jails across the state have shown significant interest in the program at SCORE, and early information from the pilot project suggests the program is having an impact.

## **SUMMARY**

The department continues work on impacting these five levers: (1) increase, and best-utilize, bed capacity; (2) increase throughput for inpatient services (quicker turnover in hospitals); (3) manage in-custody evaluations to reduce barriers so compliance can be reached; (4) decrease demand for competency services; and (5) identify and implement additional actions to address staffing challenges.

Ensuring every bed's optimal use to meet requirements under Trueblood, by maintaining efficient referral and admission practices, remains critical to OFMHS' work toward achieving compliance.

Ongoing triage and diversion efforts continue to facilitate and improve these efforts by managing the inpatient portion of Trueblood Class Members, while also finding acceptable alternatives for those Class Members deemed suitable for these alternative options.

Taking creative actions within the scope of the department's authority, partnering with our internal constituencies, and working toward implementing new policies and practices to attract and retain passionate, talented staff remains critical to success.

Now through Phase 1 and Phase 2 implementation of the Contempt Settlement Agreement, OFMHS continues to work with its partners at the Health Care Authority, the Criminal Justice Training Commission, the criminal court systems around the state, and others to implement and administer new programs seeking to better serve our clients. OFMHS and its partners were well-prepared to immediately begin Phase 3 implementation activities on July 1, 2023. With many early Phase 3 hiring activities and other early implementation activities concluded as of June 30, 2024, OFMHS is engaged in final planning and services implementation activities across the Phase 3 regions and expects many Trueblood services to continue rolling out in the upcoming quarters.