Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations – Performance Targets 2020
Fourth Quarter (September 1, 2020-December 31, 2020)

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)
RCW 10.77.068(3)

April 1, 2021

Behavioral Health Administration
Office of Forensic Mental Health Services
PO Box 45050
Olympia, WA 98504-5050
(360) 725-3820
https://www.dshs.wa.gov/bha/office-forensic-mental-health-services

Washington State Department of Social & Health Services
Transforming lives

Table of Contents

Table of Figures

BACKGROUND

On May 1, 2012, Substitute Senate Bill (SSB) 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 (DSHS) 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.

As a result of these two bills, current performance targets and maximum time limits under RCW 10.77.068(1)(a) are as follows:

(i) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized evaluation services related to competency, or to extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial:

(A) A performance target of seven days or less; and

(B) A maximum time limit of fourteen days;

(ii) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized inpatient restoration treatment related to competency:

(A) A performance target of seven days or less; and

(B) A maximum time limit of fourteen days;

(iii) For completion of a competency evaluation in jail and distribution of the evaluation report for a defendant in pretrial custody:

(A) A performance target of seven days or less; and

(B) A maximum time limit of fourteen days, plus an additional seven-day extension if needed for clinical reasons to complete the evaluation at the determination of the department;

(iv) For completion of a competency evaluation in the community and distribution of the evaluation report for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation, a performance target of twenty-one days or less.

Section (1)(b) of RCW 10.77.068 establishes the beginning and end points for applying the performance targets and maximum time limits set forth above. Section (1)(c) identifies six conditions that shall serve as defenses to an allegation that the department has exceeded the maximum time limits.

As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets in quarter four (Q4) of 2020 (September 1, 2020 – December 31, 2020), and describes the plans to meet these performance targets.

COMPETENCY EVALUATION AND RESTORATION DATA

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

1) Extend an offer of admission to a defendant in pretrial custody for legally authorized treatment or evaluation services related to competency; or

2) Extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial.

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

RCW 10.77.068(1)(a)(iv), as amended by SSB 5889, sets a performance expectation that competency evaluations for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation will be completed and distributed within 21-days or less.

DATA ANALYSIS AND DISCUSSION

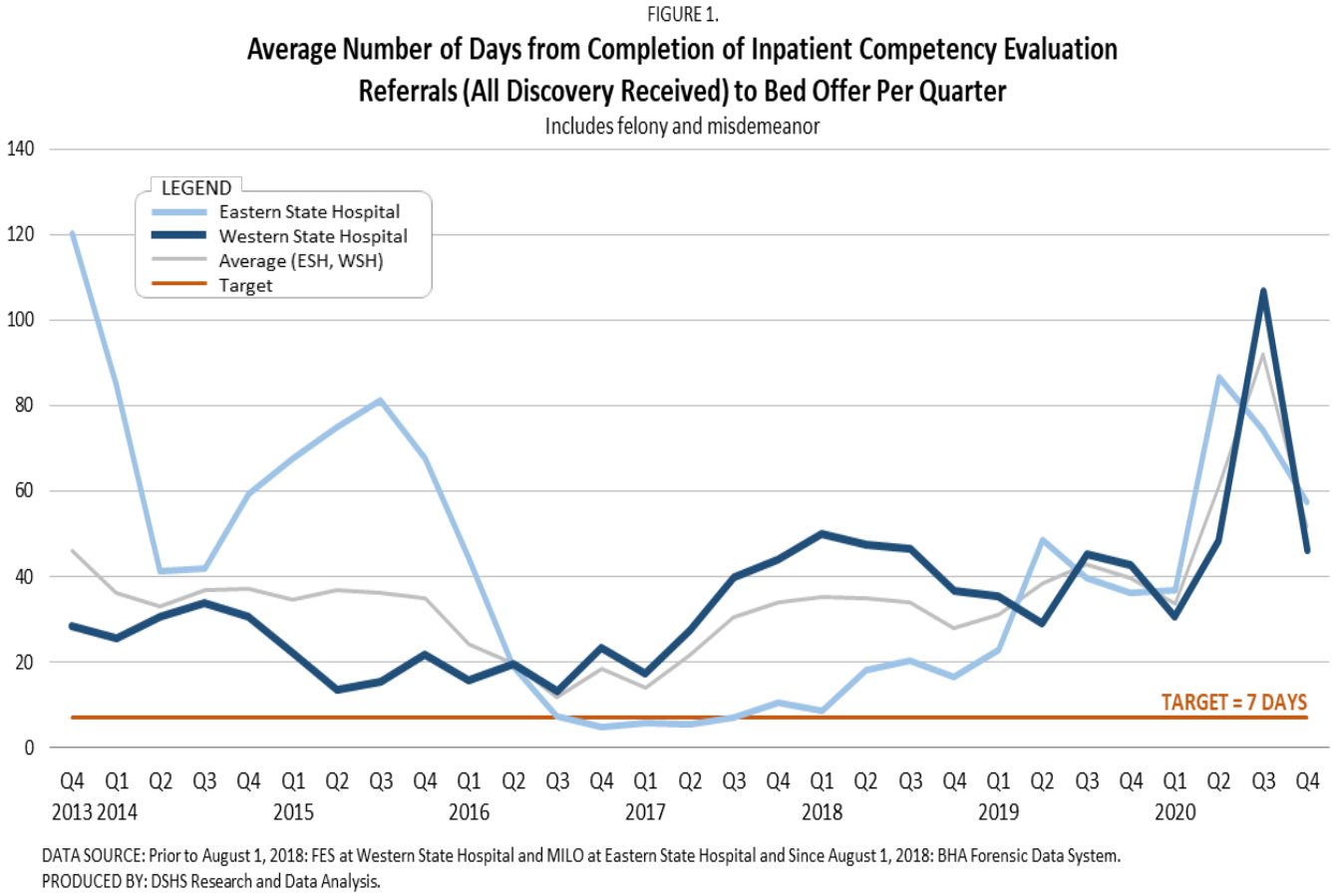
This section of the report provides visual representation of data from the Forensic Data System as well as outcomes and drivers analysis. Additional detailed data and information about timely competency services is available in monthly reports published by DSHS in compliance with requirements established in the April 2015 Trueblood court order. These reports are available on the Office of Forensic Mental Health Services (OFMHS) website at:

https://www.dshs.wa.gov/bha/trueblood-et-al-v-washington-state-dshs

Please note that the data presented in this report differs slightly than in the Trueblood reports because the statute begins the count for timely service at the date of receipt of discovery while the Trueblood order begins the count at the date the court order for services is signed, or the date the court order for services is received depending on the number of days between signature and receipt of the order.

New for Q4 2020, data figures, throughout the report, have a simplified look for easier readability, and the comprehensive data accompanying the figures is now located in Appendices A – C.

Figure 1. *Shows Results for Inpatient Competency Evaluation Cases*



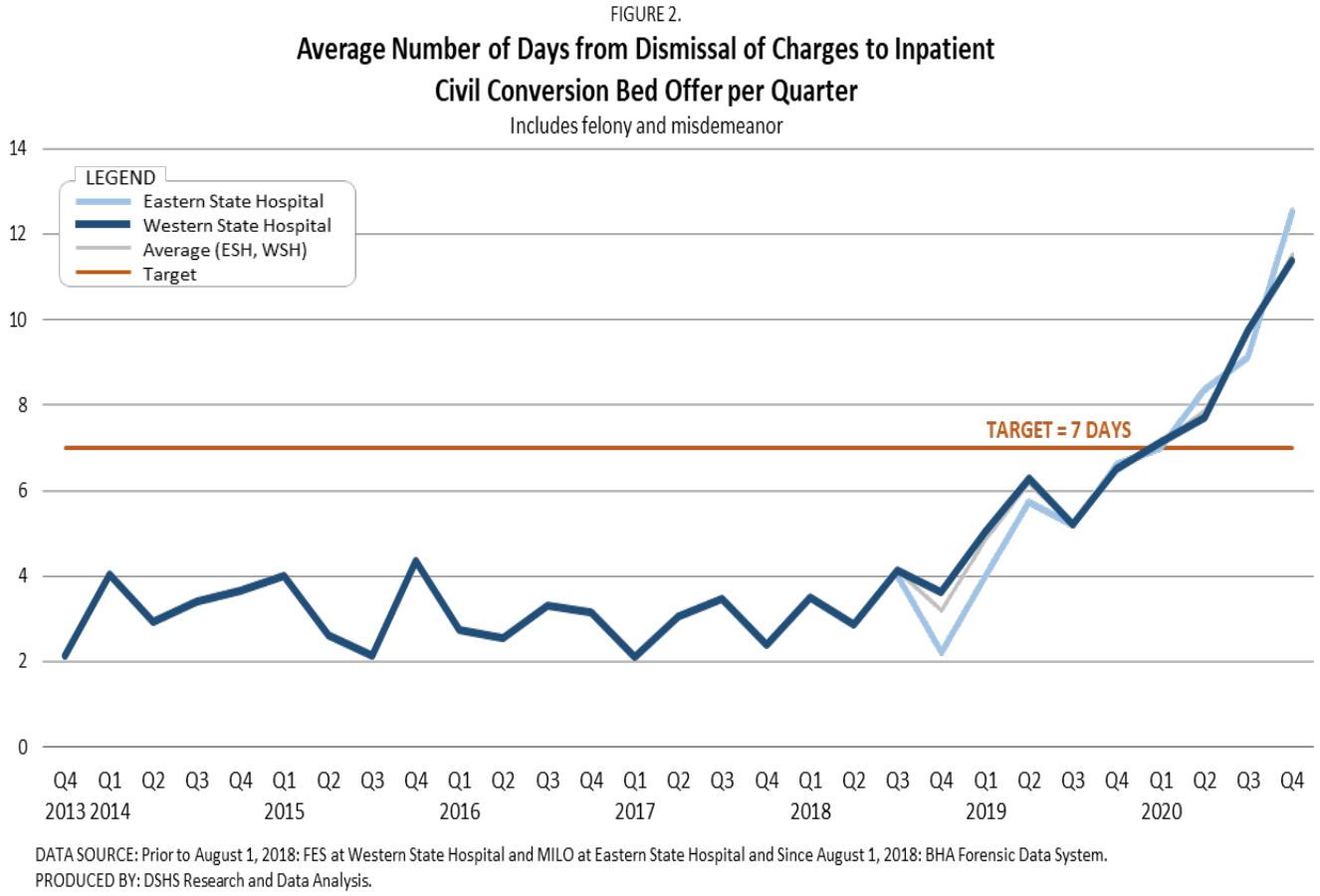
The figure above illustrates the average wait times related to hospital admission for inpatient competency evaluations only to include defendants released on personal recognizance (PR).

- ***Outcomes*:** During the fourth quarter of 2020, the number of admissions increased again for the second straight quarter after two consecutive quarters of steep declines. Wait times at WSH, between referral for evaluation and bed offer, decreased by 43.9 percent in Q4 2020. ESH wait times declined by 56.5 percent.

- ***Drivers*:** Although Q1 and Q2 2020 admissions fell precipitously, due to measures enacted by the Behavioral Health Administration related to COVID-19 (restrictions on admissions for the months of March through June), community partners including public and private attorneys, the criminal court system, jails, other health care services providers, and the community at large were substantially closed during Q2 due to the pandemic and Governor's stay at home orders. This further impacted the department's ability to improve its evaluation and wait times. Admissions referrals began to climb again in Q3 and continued climbing in Q4 as partner organizations have adjusted to re-opening and have learned to work with COVID-19. Occasional admissions holds as various forensic

evaluation and restoration wards experienced COVID-19 outbreaks among clients and staff, required residential facilities to temporarily halt admissions and quarantine impacted wards. At times, this caused further slowdowns, which has resulted in reduced admissions and increased numbers of clients as well as longer time periods spent on inpatient wait lists.

Figure 2. *Shows Results for Post-Dismissal Referrals*

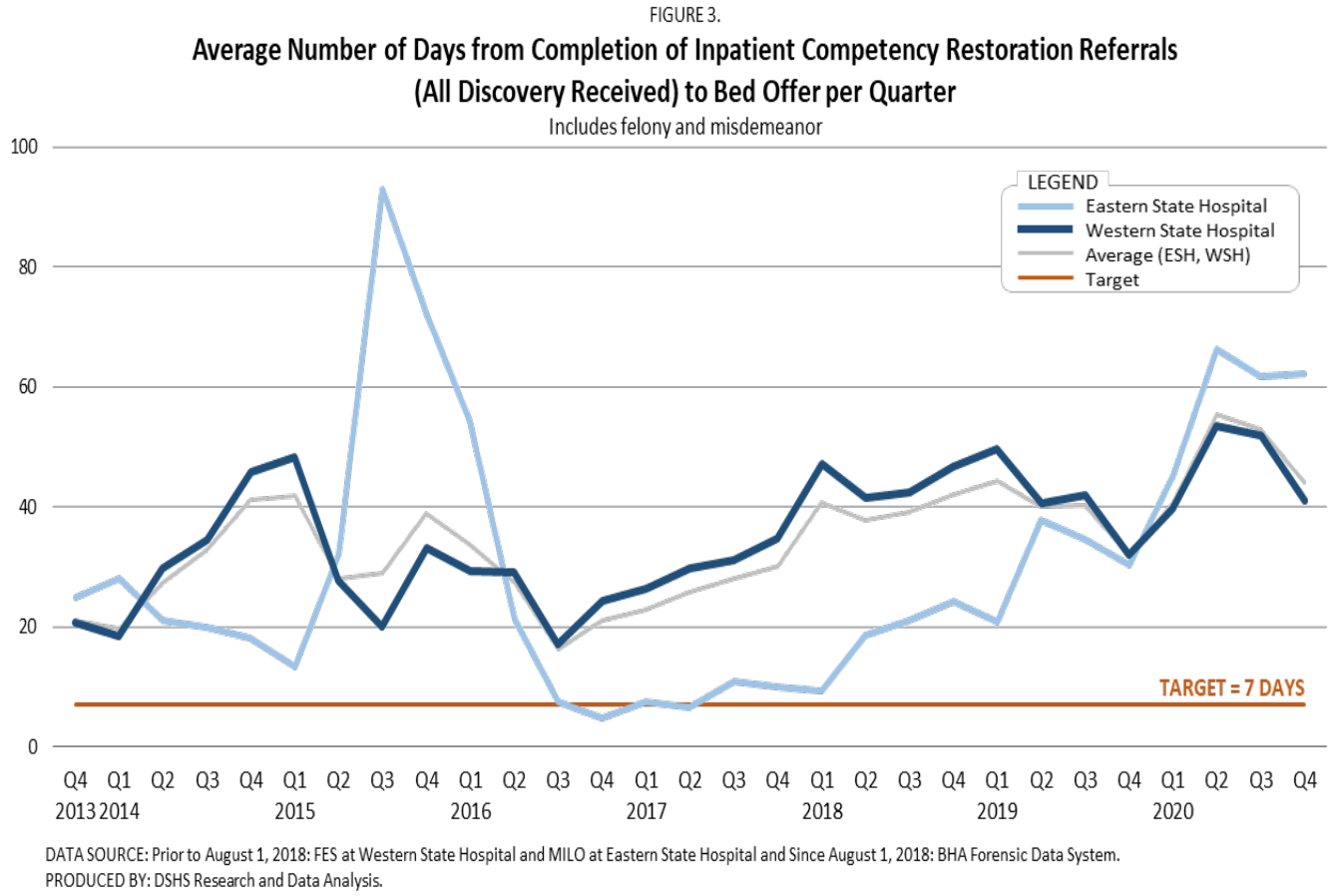


The above chart reflects average days from dismissal of charges to a civil offer of admission at each state hospital and a combined average for all facilities statewide.

- ***Outcomes*:** During the reporting period, ESH is at 12.6-days and WSH is at 11.4-days, which has resulted in the state's overall average being pushed to 11.5-days.

- ***Drivers*:** This metric has been climbing for some time; however, the COVID-19 pandemic, which began in February 2020, continued to exert its influence on performance in this area and accelerated performance challenges. Success in this measure will be attributed to staff maintaining clear focus on prioritizing these beds for admissions. One caveat with this prioritization is that it comes at the cost of negatively impacting Trueblood admissions because of this prioritization.

Figure 3. *Shows Results for Competency Restoration Cases*

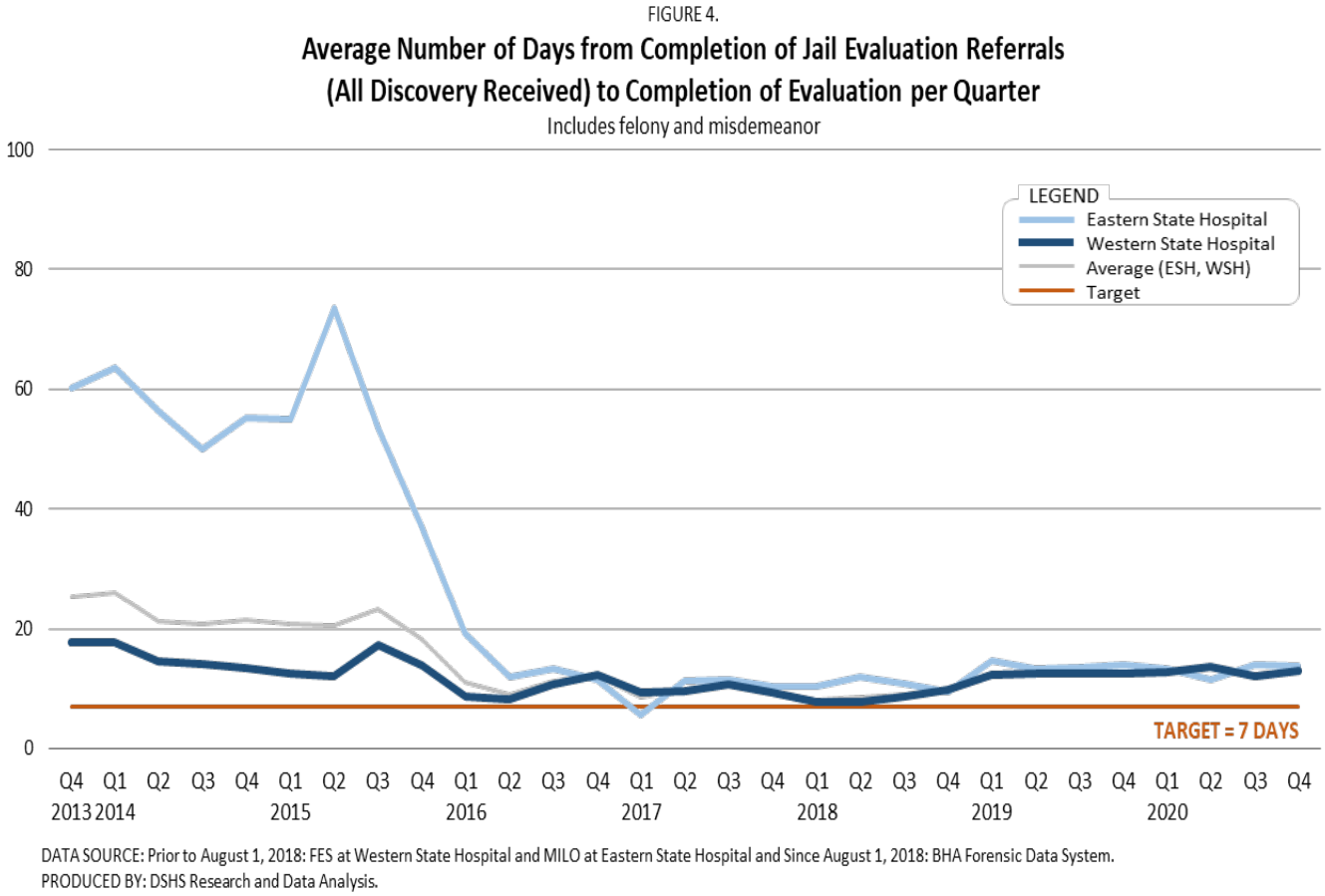


This chart shown above reflects the average wait time for admission for competency restoration referrals only to include PR cases.

- ***Outcomes*:** During the fourth quarter of 2020, the number of admissions increased again for the second straight quarter after two consecutive quarters of steep declines. Wait times at WSH, between referral for evaluation and bed offer, decreased moderately in Q4 2020. ESH wait times were essentially flat.

- ***Drivers*:** Admissions referrals climbed for the second consecutive quarter to 245 from 218. This follows Q2 2020 in which only 131 clients were admitted, marking the lowest number of completed admissions referrals during the time represented by this report (October 2013 – September 2020). In response to the COVID-19 pandemic, the criminal court system began dismissing more cases and releasing more defendants on personal recognizance to improve the ability to social distance within jails during the pandemic. At the same time, PR cases were already in environments that could meet social distancing requirements in the community, and the system acted to severely limit its hearing capacity in response to COVID-19.

Figure 4. *Average Number of Days to Complete a Jail Based Evaluation*



This chart (Figure 4) provides information on the average number of days to complete a jail-based evaluation from the receipt of all discovery.

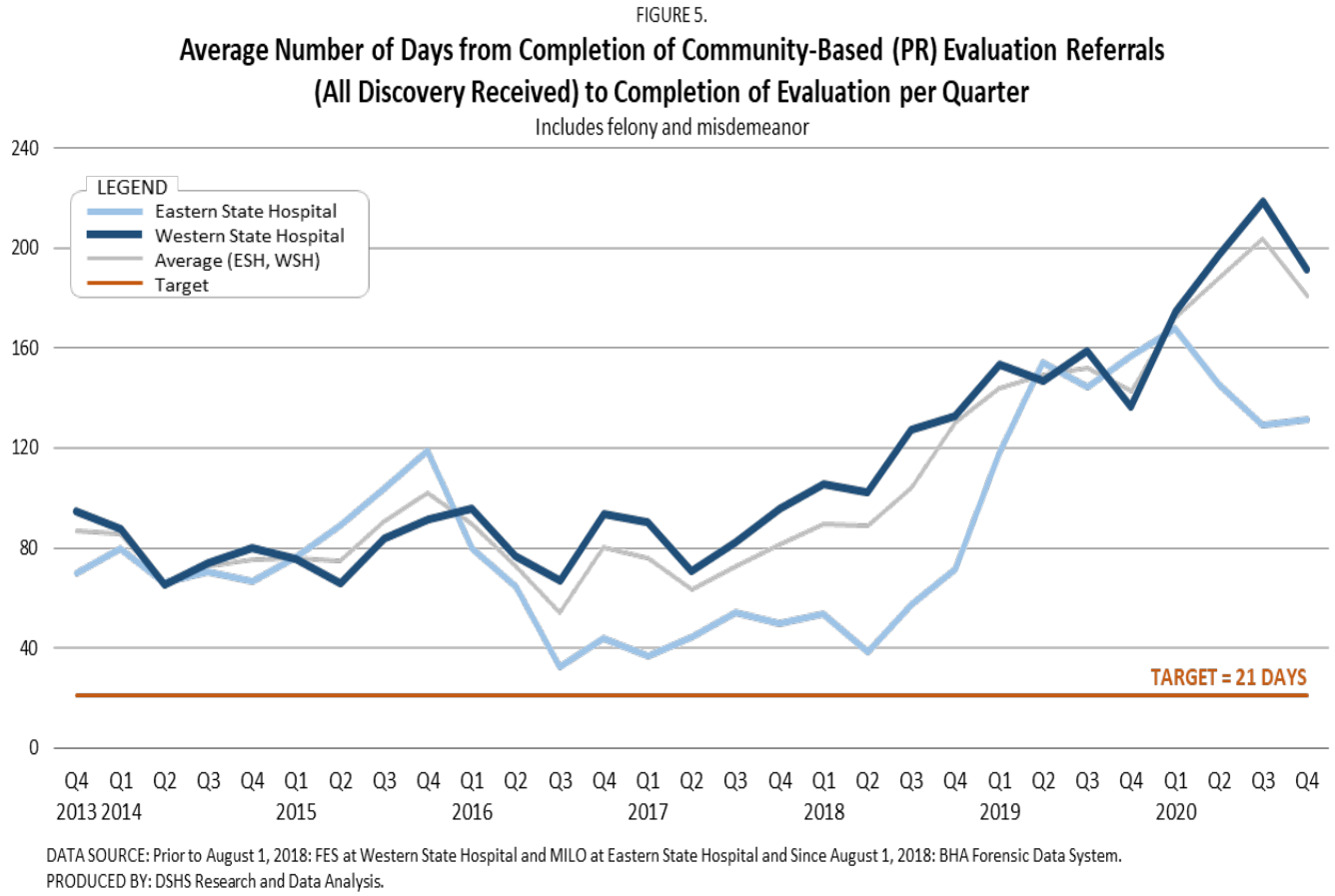
- ***Outcomes*:** During the Q4 reporting period, WSH completion times increased moderately and ESH completion times decreased slightly resulting in an overall 0.7-day increase statewide to 13.1-days on average. Following the Q2 collapse in evaluation demand, jail-based evaluation demand recovered to mid-2018 levels in Q3. Q4 demand was flat. During Q3 and Q4, the 12.4-13.1 average days for jail-based evaluations completion represents an 83-90 percent completion rate within 14-days. While 14-days exceeds the legislative targets, it does meet requirements contained within the Trueblood contempt settlement agreement.

- ***Drivers*:** Prior to commenting on the Q3 and Q4 reporting periods, it is important to revisit the context of Q4 2019 moving through Q2 2020. Q1 jail-based evaluation referrals declined slightly [3.9%] compared to Q4; however, it should be noted that a minimum of 1,100 jail-based evaluations had been conducted each of the last four quarters (prior to Q2 2020) when previously, no single quarter ever had more than 973, and only two quarters

had even exceeded 900 evaluations completed in a single quarter, so while demand growth did not occur in Q4 2019 or in Q1 2020, referrals continued from already historically elevated levels. In an effort to both meet this demand and to comply with Phase 1 of the negotiated Trueblood contempt settlement agreement, the Legislature funded and approved the department to hire 13 additional forensic evaluators beginning July 1, 2019. All of those evaluators had been hired, prior to the end of Q2 2020, and OFMHS has already recruited and hired the five approved fiscal year 2021 forensic evaluator positions. All five positions were filled prior to Q3's conclusion.

Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020. Evaluation demand, for jail-based evaluations, had not been at this level since Q4 2015. This historic collapse in demand [-47.2% in Q2 to 619 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. Already in Q3 and Q4, demand for in-jail evaluations shows substantial recovery, relative to Q2, as the criminal court systems re-open, and all of our partners learn together how to continue serving clients in COVID-19 impacted systems.

Figure 5. *Competency Evaluation Time Frame Completion for PR Cases*



This chart above provides information on the average number of days to complete PR evaluations from the receipt of all discovery.

- ***Outcomes*:** During the Q4 reporting period, WSH saw an additional 12.4 percent decrease in average completion time following a 37.4 percent cumulative increase since the Q4 2019 reporting period. In Q4 2020, ESH saw essentially flat wait time numbers following back-to-back moderate wait time decreases in Q2 and Q3 for a cumulative decline of 22.7 percent. The Q2 and Q3 declines followed Q1's average completion time of 167.6-days that set a new high mark at ESH. WSH has set new high marks in average completion time in Q1 [174.3-days], Q2 [197.4-days], and again in Q3 [218.6-days] before dropping moderately in Q4. Completed orders system wide increased again in Q4 to 221 cumulative orders.

- ***Drivers*:** The variability in and longtime upward trending completion time, from quarter-to-quarter, is attributed to resources having been directed to cases involving Trueblood class members, as the number one completion priority, based on established constitutional rights, from the Trueblood Court Order representing the negotiated contempt settlement

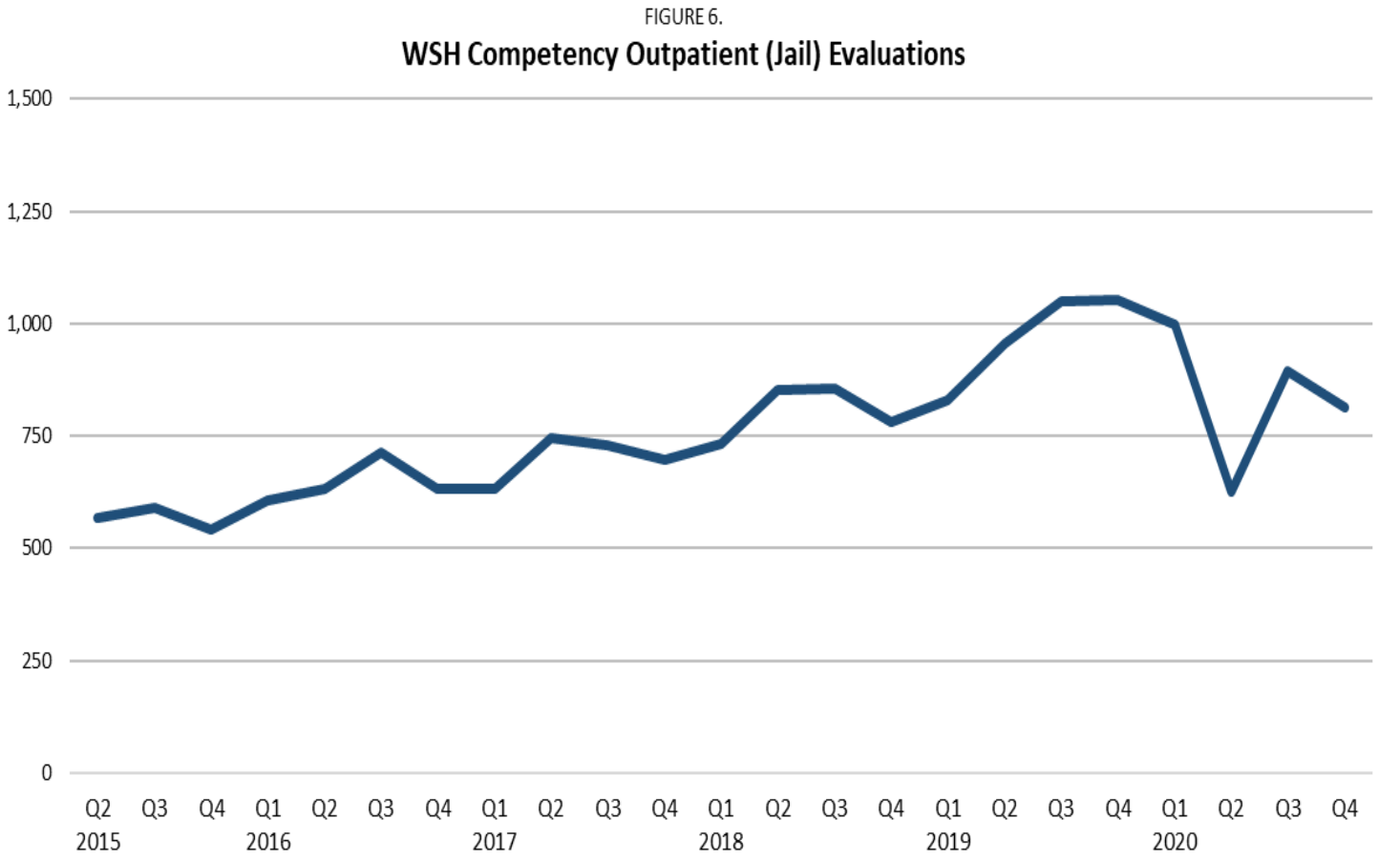
agreement. Furthermore, as these were the only category of admissions being allowed at WSH in the month of March (combined with restrictions for other legal authorities), the number of referrals increased significantly. As such, resource allocation demands that DSHS focus its efforts in such a way as to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations (e.g., Figures 4 & 6-8). This has resulted in greater fluctuation with regard to performance measures in this category. Additionally, Figures 6-8 show continuously increasing pressure on system throughput as, prior to the COVID-19 pandemic, jail-based evaluation referrals continued to grow at record levels.

In response to the pandemic in late Q1 and throughout Q2, the criminal court system began dismissing more cases and releasing more defendants on personal recognizance to improve the ability to social distance within jails during the pandemic. At the same time, PR cases are a lower priority in a system that severely limited its hearing capacity in response to COVID-19. Most of these measures persisted in Q3 and Q4 even as the court system re-opened on a limited basis.

Global Referral Data

Figures 6-15 show global referral data to illustrate total orders signed by calendar quarter for jail-based evaluations, inpatient evaluations, and restoration services for WSH, ESH, and both hospitals combined. Figure 15 debuted in the Q3 2020 report to illustrate data from the new Outpatient Competency Restoration Program (OCRP) implemented as part of the Trueblood decision's Phase 1 contempt settlement agreement.

Figure 6. *Shows Total WSH Referrals for Jail-Based Evaluations*



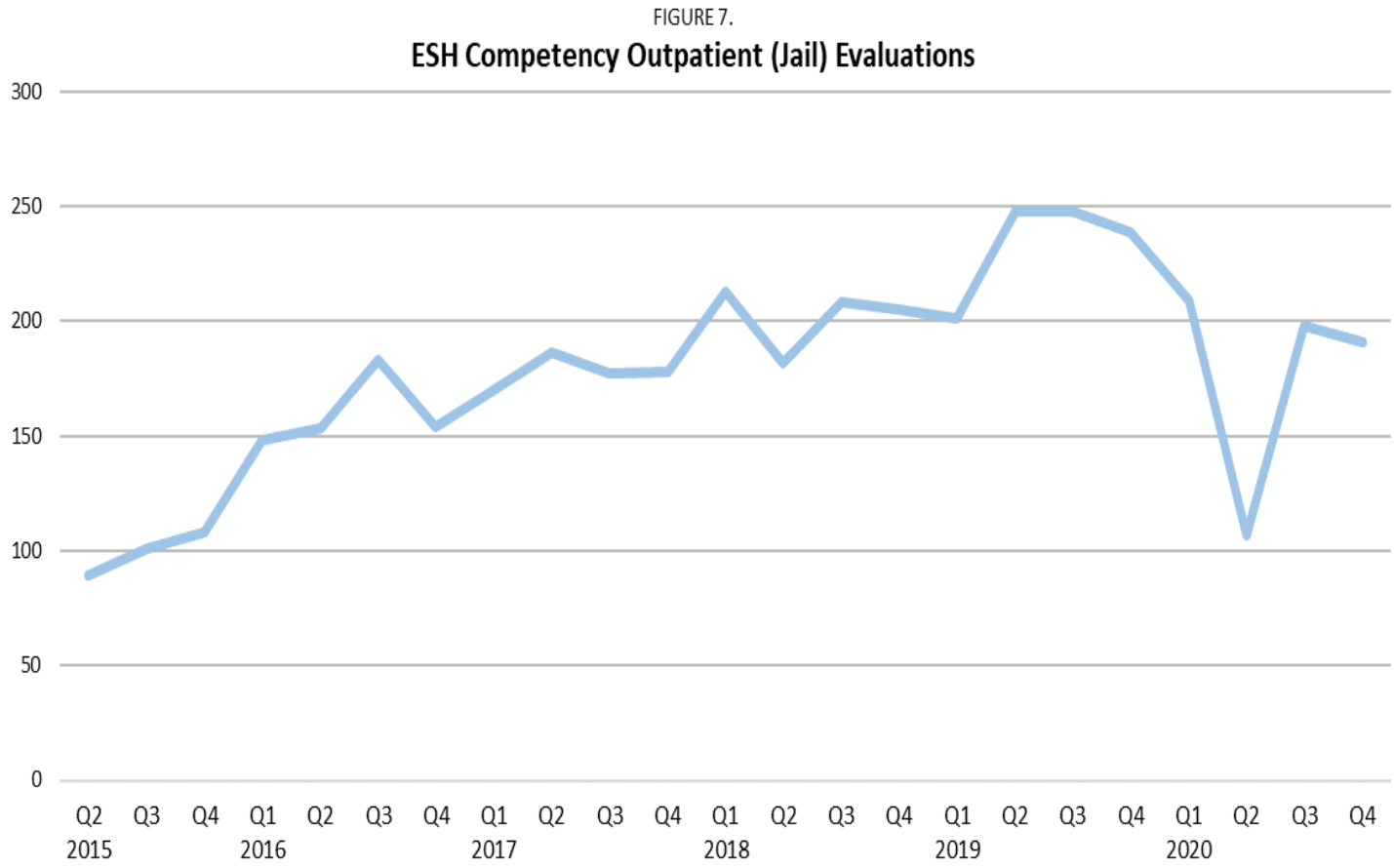
The chart above, Figure 6, illustrates WSH total quarterly referrals for jail-based evaluations.

- ***Outcomes*:** During the reporting period, WSH saw a moderate 9.2 percent decrease in referrals from Q3 2020. The change from Q3 2020 to Q4 2020 was moderate and conformed to the typical pattern of quarterly decline from Q3 to Q4. Prior to 2020, the referral numbers for the entire year represent, not only continued, but accelerated year-over-year growth in referrals (annual averages: 2016 = 646.25; 2017 = 701.25; 2018 = 805.5; 2019 = 972.75; Q1-Q3 2020 = 832.75). For 2020, COVID-19 led to the first annualized demand decrease in outpatient jail evaluations.

- ***Drivers*:** Referrals for competency evaluations have increased significantly over most of the period illustrated above. With the exception of the sustained drop in demand beginning in March 2020 and continuing through the Q2 reporting period, due to the ongoing COVID-19 pandemic, this strongly suggests a "build it and they will come" effect; improved efficiency in providing consumers with a highly valued forensic service has itself increased the demand for that service. This is a well-known effect also seen in other supply and demand phenomena, such as the energy industry.

  The drop in demand for jail-based referrals, referenced above as part of the pandemic, is part of the criminal court system's strategy to mitigate COVID-19 exposure among staff and existing inmates by arresting, charging, and sending referrals for competency services in a much lower amount than prior to the pandemic.

Figure 7. *Shows Total ESH Referrals for Jail-Based Evaluations*



The chart above illustrates ESH total quarterly referrals for jail-based evaluations.

- ***Outcomes*****:** During the Q4 reporting period, ESH's jail-based referrals dropped by 3.5 percent. Typically, a quick, sharp drop in demand at ESH is followed by a return to the consistent long-term trend of relatively flat referrals punctuated by periodic spikes in demand. Q2 results suggest COVID-19 has a primary impact on the sharp drop in Q2 referrals. Q3 results indicate another period of relatively flat referrals punctuated by sharp demand spikes could set up again. Q4 data would begin to tell this story in the data in a more robust manner. The small decline in Q4 evaluation referrals continues to suggest ESH is in the midst of a new period of relatively flat referrals.

- ***Drivers*****:** While the overall trend of increasing referral totals is driven by systemic demand, the immediate sustained decrease in demand seen in Q1 and Q2 2020 is a result of the arrival of the COVID-19 pandemic in March and its ongoing impacts to the behavioral health and criminal court systems. 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 pace that has outstripped gains made in capacity and efficiencies. Q3 and Q4 2020 referrals returned to near normal but still persist a bit below likely non-pandemic demand levels.

Figure 8. *Shows Total WSH and ESH Combined Referrals for Jail-Based Evaluations*

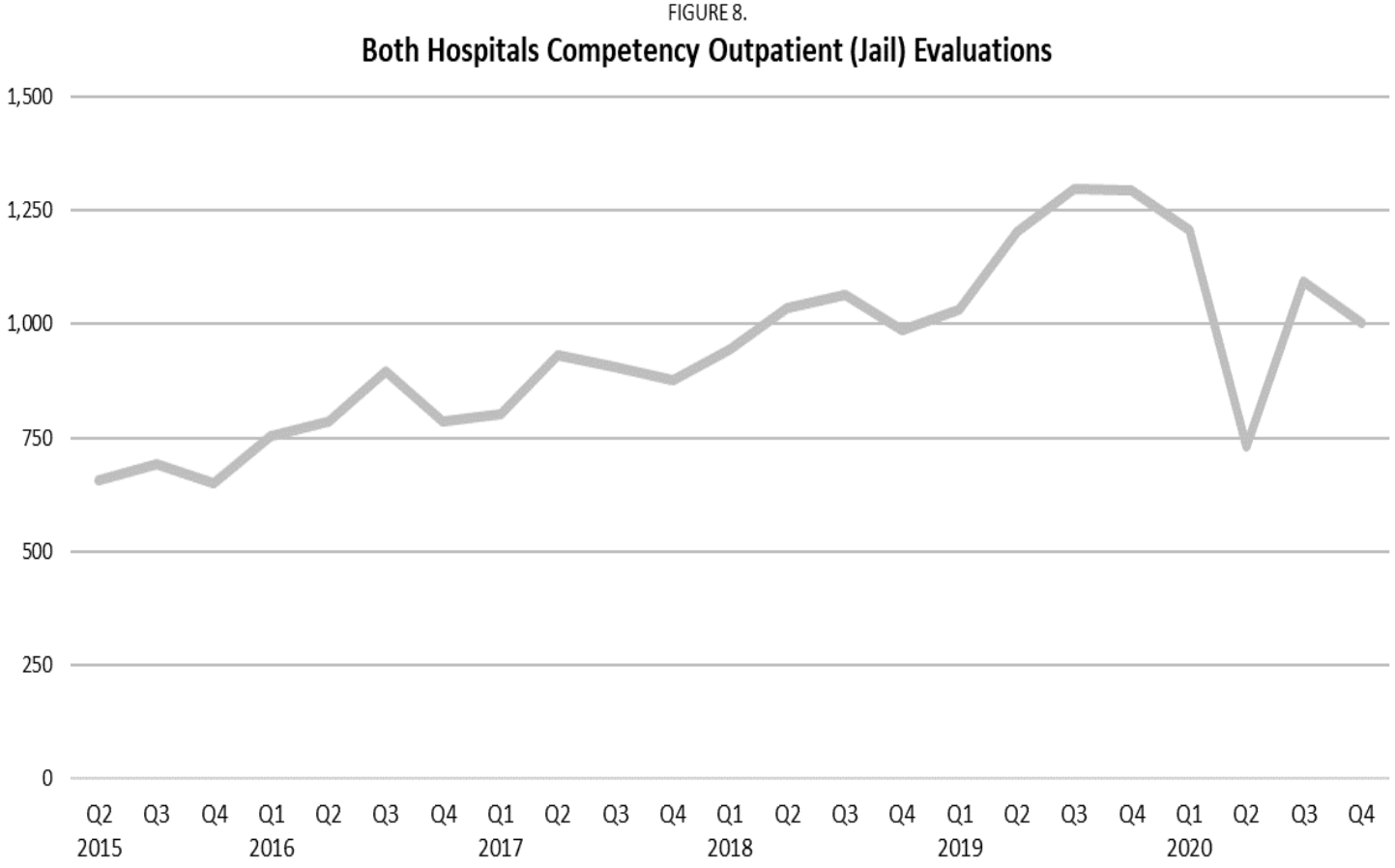
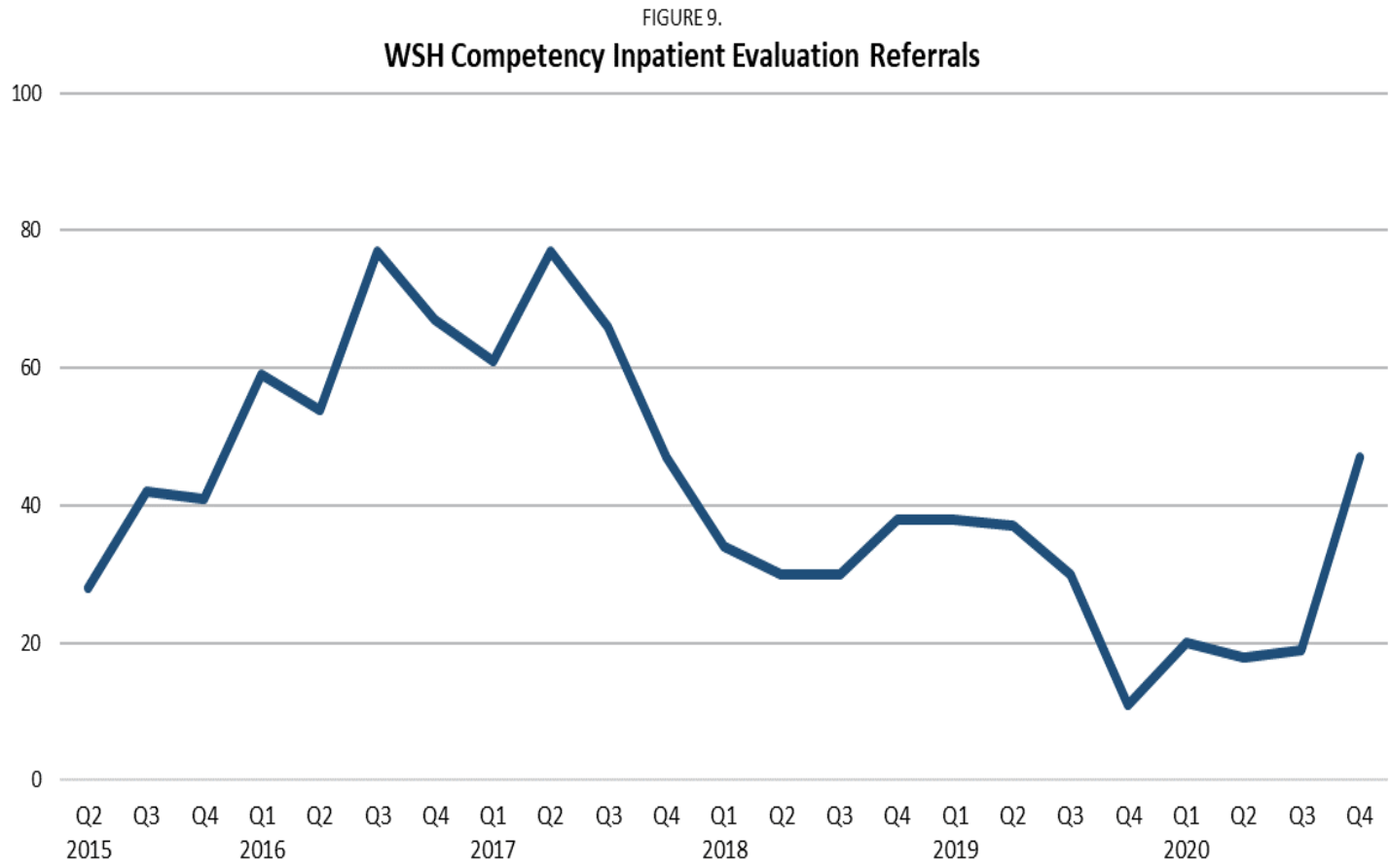


Figure 8 above illustrates the combined total quarterly referrals for jail-based evaluations.

- ***Outcomes*****:** During the Q4 reporting period, there was a moderate decline of 8.1 percent in total referrals for both hospitals combined as compared with the previous two quarter's declines.

- ***Drivers*****:** The combined number of jail-based referrals to the hospitals, again, strongly suggests a "build it and they will come" effect; improved efficiency in providing consumers with a highly valued forensic service has itself increased the demand for that service. Likewise, societal trends suggest a growing population of persons who could benefit from mental health services; thus, it is likely that both pent up and increasing demand are adding strain to our systems, and over these periods of significant growth in referrals, periodic plateaus or even small decreases in demand occur regularly prior to the next surge in referrals. Beginning in February 2020 and continuing, the emergence of the COVID-19 pandemic led to the decrease in demand shown in Figure 8.

Figure 9. *Shows Total WSH Referrals for Inpatient Evaluations*

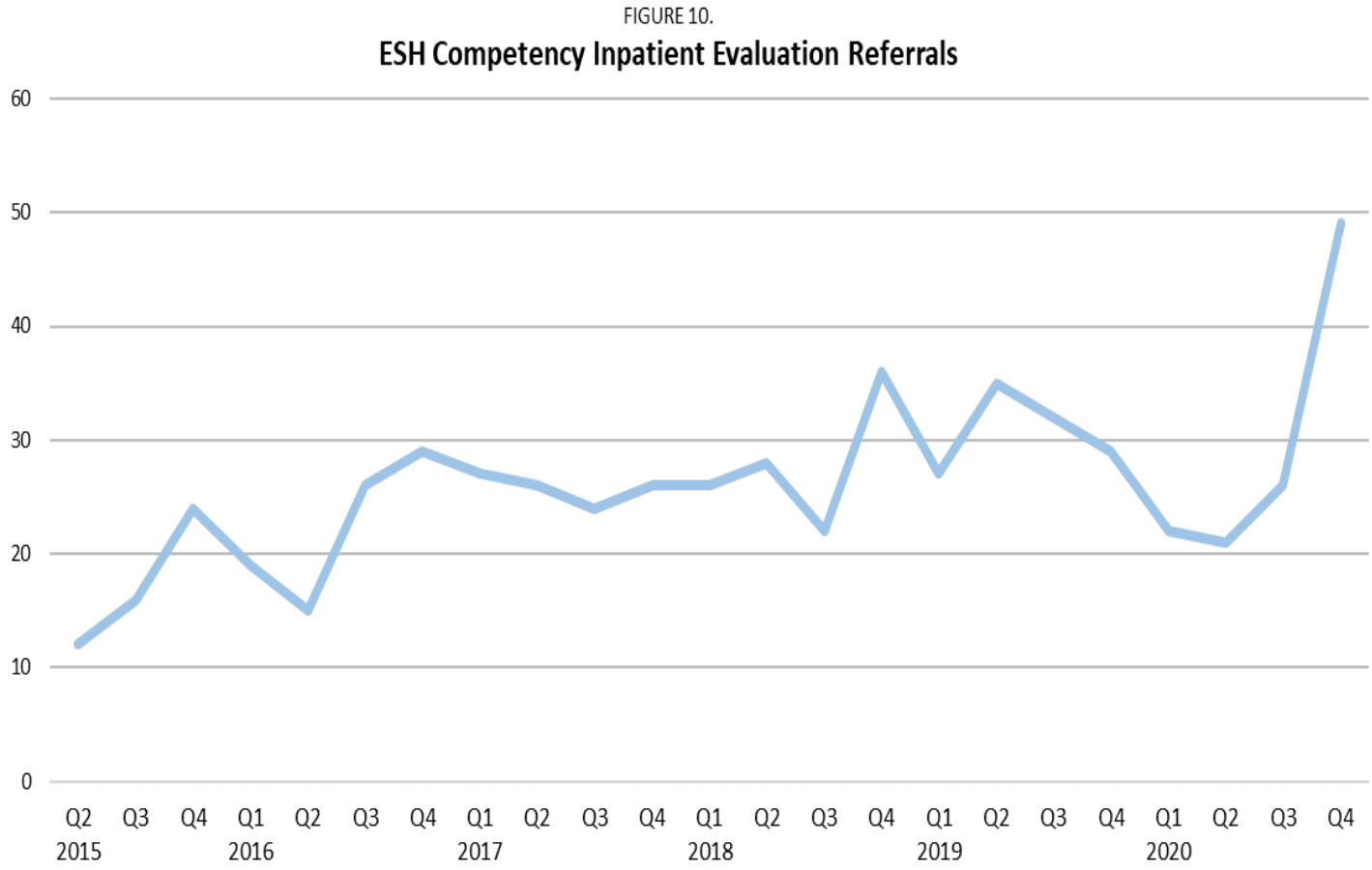


The chart above illustrates WSH total quarterly referrals for inpatient evaluations.

- ***Outcomes*****:** During the Q4 2020 reporting period, referrals to WSH soared 147 percent as compared to the previous quarter.

- ***Drivers*****:** The large decline in inpatient referrals seen from Q2 2017 through Q2 2018 may have been a rebound effect wherein courts had become aware of the fact that, previously, demand had outstripped capacity, which resulted in long wait times and completion times. Anecdotal information suggested that courts and defense attorneys had begun to view the wait times for admission to the hospital for an inpatient evaluation to be so prohibitively long that it was not worth pursuing as an order for an inpatient evaluation. Some courts issued new orders that removed the defendant off the inpatient wait list, and directed DSHS to conduct the evaluation in the jail. In other cases, the defendant has waited for such an extended period for admission that defense counsel motioned the court for dismissal of charges. Q4 2019's significant decline in referrals lends additional support to the above interpretations. Q1 2020 rebounded somewhat from the referral floor created during Q4 2019, and then remained flat through Q3 2020 and the most significant COVID-19 effects on forensic admissions. Q4's increase in referrals was sufficiently substantial to return to inpatient demand levels not seen since 2017.

Figure 10. *Shows Total ESH Referrals for Inpatient Evaluations*



The chart above (Figure 10) illustrates ESH total quarterly referrals for inpatient evaluations.

- ***Outcomes*****:** During the reporting period, Q4 2020, ESH inpatient evaluation referrals increased 47 percent from Q3 on top of a substantial 19.2 percent increase during Q2.

- ***Drivers*****:** After experiencing two longer-term plateau trends punctuated and set off by demand spikes and drops at the beginning and end of each plateau, more recent demand appears less regulated and also contrary to BHA's typical COVID-19 pandemic experience. Demand for inpatient competency evaluations appears to grow substantially during the pandemic.

Figure 11. *Shows Total WSH and ESH Combined Referrals for Inpatient Evaluations*

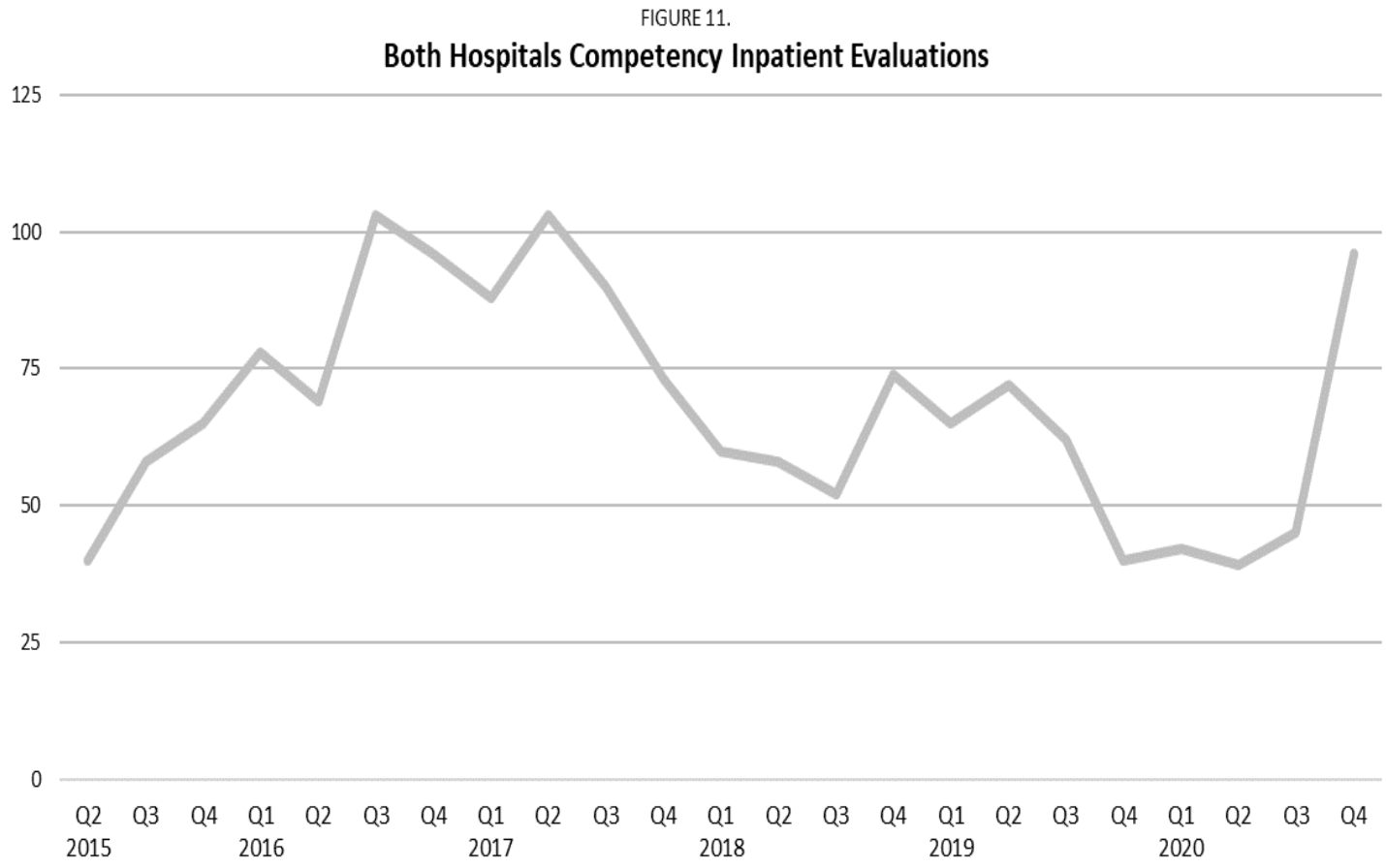
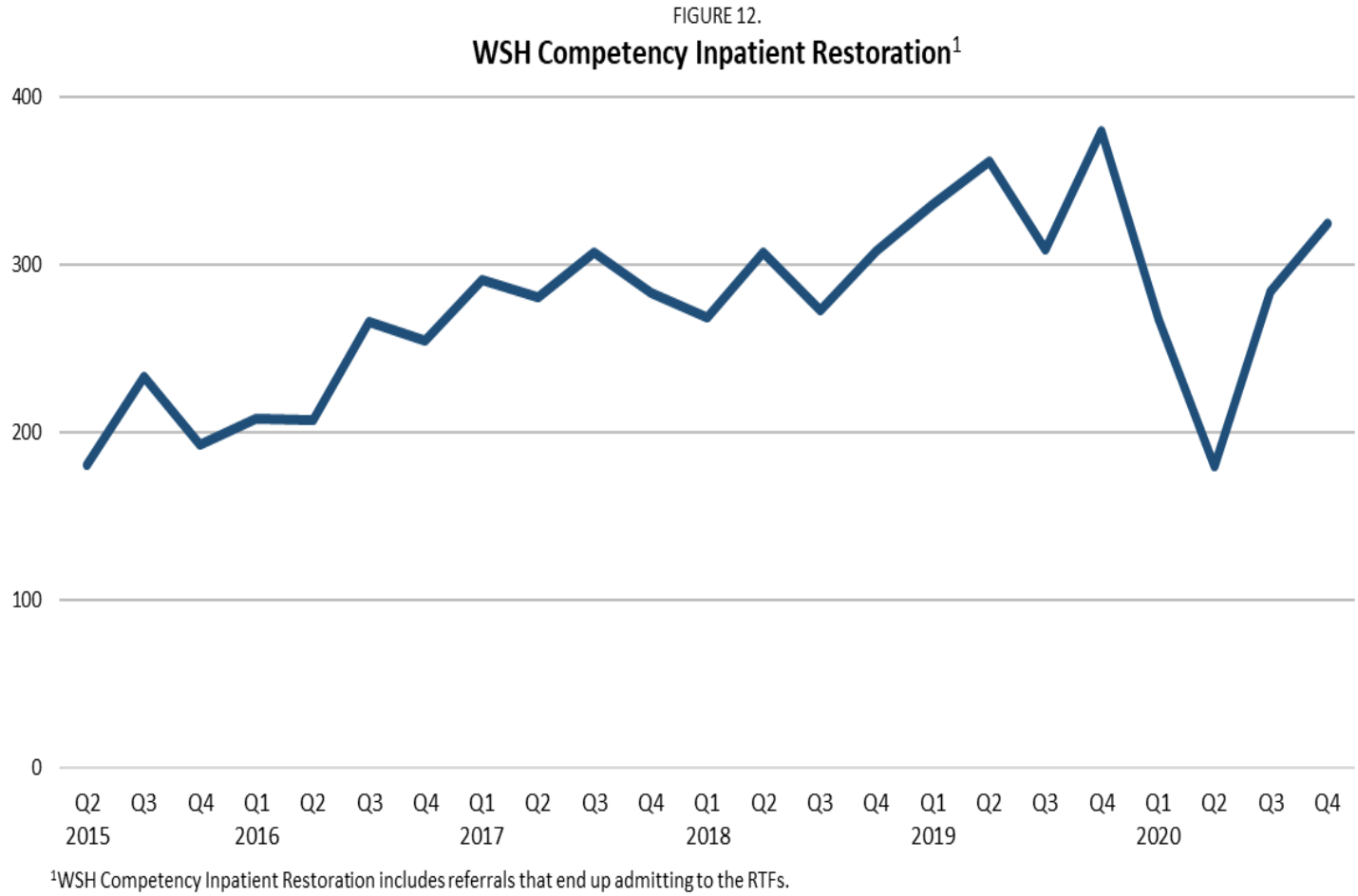


Figure 11 above shows the combined total quarterly referrals for inpatient evaluations.

- ***Outcomes*****:** During the Q4 2020 reporting period, referrals for both hospitals combined increased dramatically and in contrast to most other COVID-19 pandemic trends.

- ***Drivers*****:** As illustrated in Figure 8, it appears as though an apparent preference by the courts and defense counsel, as it pertains to patient evaluations, to have the vast majority of competency evaluations completed in jail and in community settings as opposed to inpatient settings, may have persisted slightly in Q3 2020. Likewise, in response to the COVID-19 pandemic, criminal courts have allowed greater numbers of defendants to be released on PR while awaiting an evaluation. Court orders have flowed to the two hospitals in very different patterns over the last four years. ESH has grown interminably over this time with its referral load tripling before subsiding to 247 percent above Q2 2015 referral numbers just prior to the pandemic's onset. WSH's referrals grew rapidly, peaked twice, and then dropped by Q4 2019 to, on average, 61 percent below Q2 2015's referral numbers just prior to the pandemic's onset. However, contrary to BHA's typical COVID-19 pandemic experience, demand for inpatient competency evaluations has grown substantially [+113%] during the pandemic, especially during Q4 2020.

Figure 12. *Shows Total WSH Referrals for Inpatient Restoration*



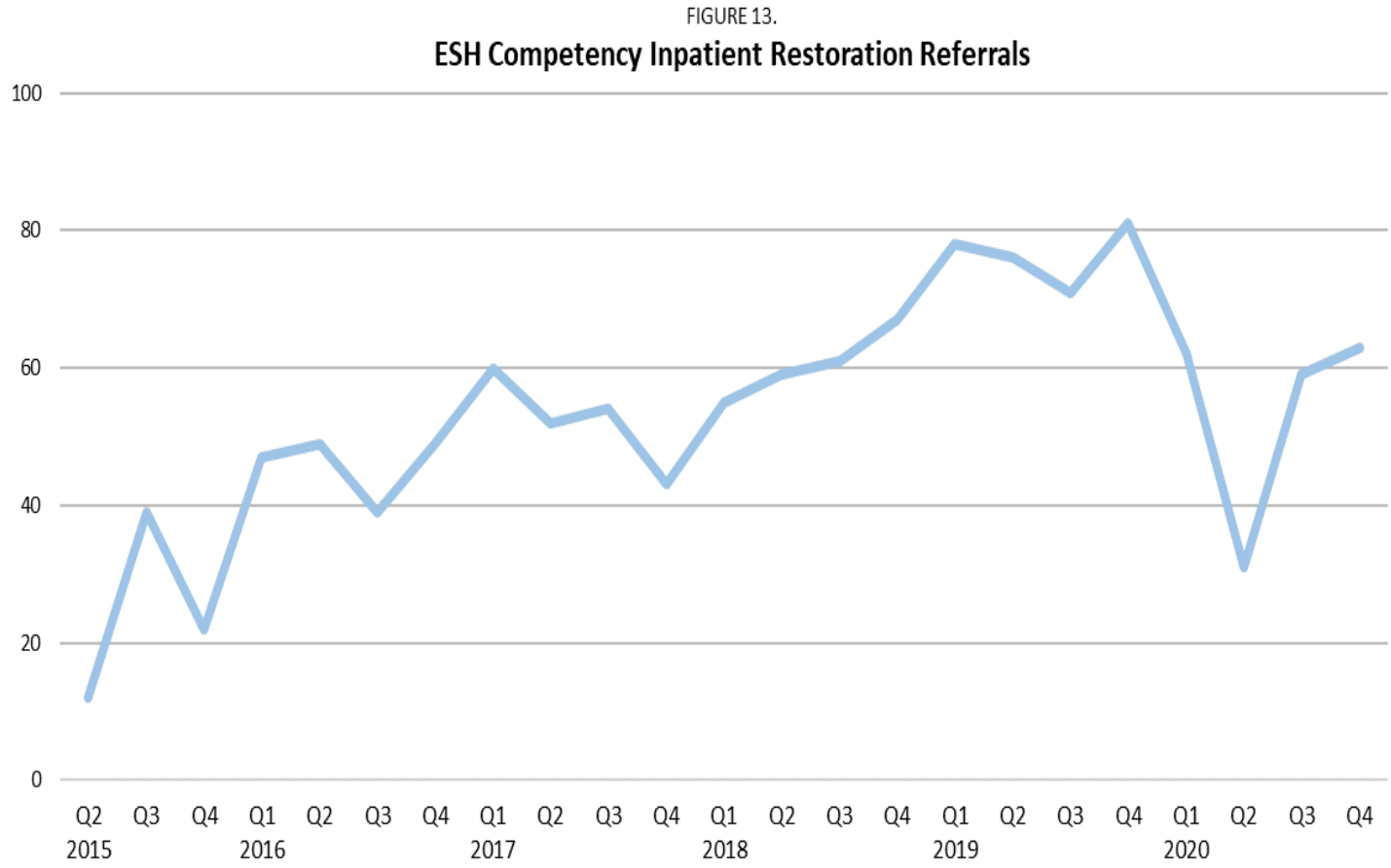
The above chart illustrates WSH's total quarterly referrals for inpatient restorations.

- ***Outcomes*****:** During the Q4 2020 reporting period, referrals increased an additional 12.6 percent following Q3's 36 percent climb, which overtook the level at which Q1 2020's restoration referrals settled after their 46 percent slide.

- ***Drivers*****:** Having seen a sharp increase in referrals since the Trueblood decision, the relatively flat number of referrals over the previous ten quarters, ending in Q1 2019, suggested that supply (bed capacity) had a leveling effect on demand (referrals). After a significant rise in referrals in Q1 2019 and Q2 2019 only to see a reversion back to the longer-term demand trend in Q3 2019, it gives pause to consider whether the recent record-level demand was settling or if further significant increases in referrals can be expected. Q4 2019 provides an answer, at least in the short-term that persistent record-level referrals are ongoing, and then during the second half of Q1 2020, demand collapsed for inpatient restorations. This was indicative of the novel Coronavirus' arrival in the United States in early 2020, the early emergence of western Washington as a hot spot for COVID-19 infections and sustained community spread, and the subsequent lead wave of pandemic restrictions that resulted in collapsed demand for inpatient restorations.

During the months of March through June, WSH had strict limitations on admissions hospital-wide or had wards with identified COVID-19 cases placed on admissions hold. Implementation of COVID-19 protocols, reductions in patient census on wards, temporary elimination of inter-institutional transfer, social distancing among clients and staff were among the measures implemented to manage the initial COVID-19 outbreak at WSH and other facilities. Criminal courts and other partners experienced pandemic-related court closures and reductions in court case throughput and pandemic-related challenges in restoration program delivery. During Q3 and Q4, referrals largely recovered as systems re-opened and attempted to determine responsible paths forward to serving clients within the context of the COVID-19 pandemic.

Figure 13. *Shows Total ESH Referrals for Inpatient Restoration*



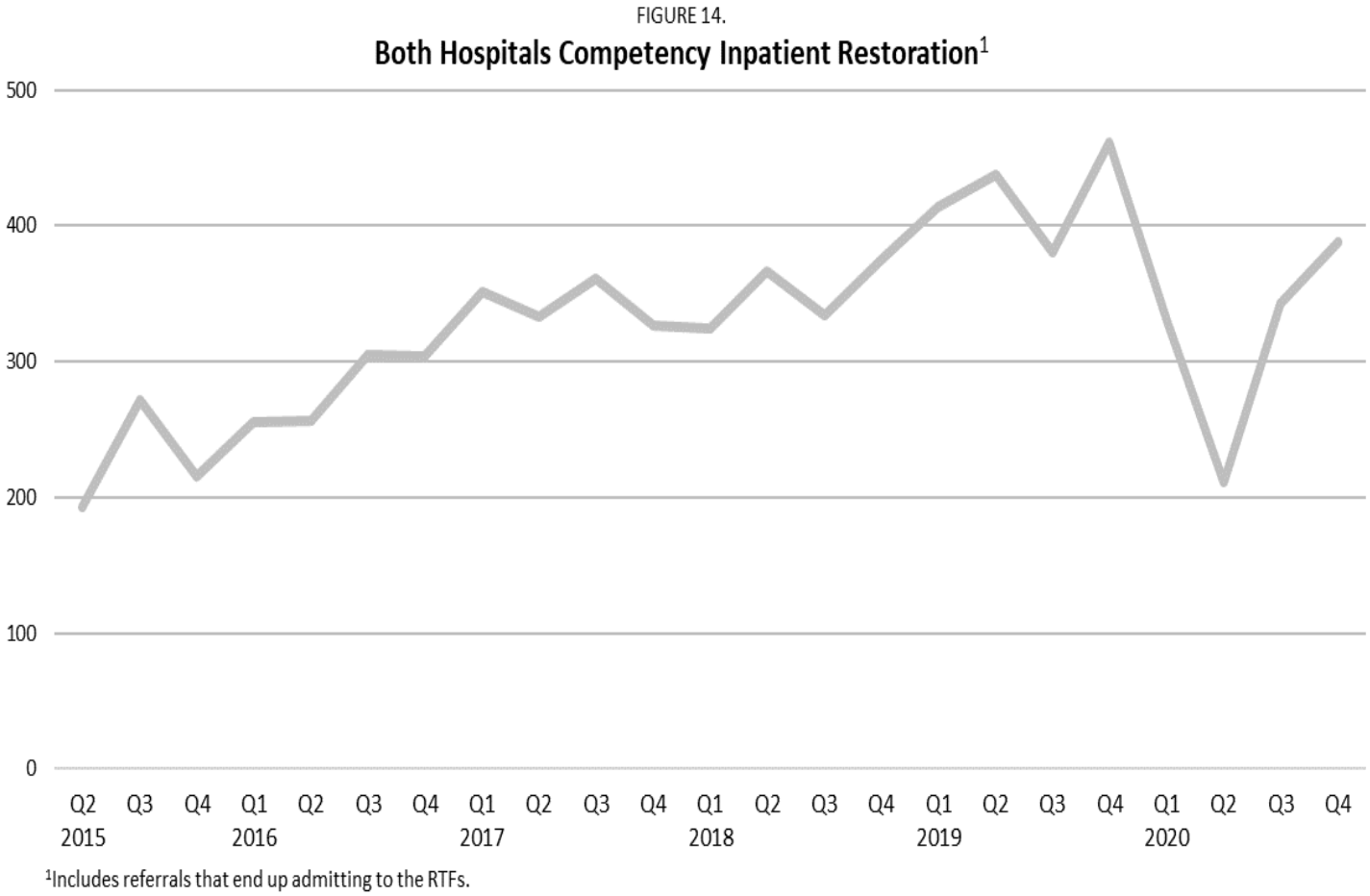
The above chart illustrates ESH total quarterly referrals for inpatient restorations.

- ***Outcomes*****:** Q4 2020 referrals recovered to just surpass Q1 2020 referrals. From Q2 2015 through Q4 2019, just prior to the start of the pandemic, inpatient restoration referrals have skyrocketed 675 percent.

- ***Drivers*****:** Restoration referrals represented in this figure increased significantly during Q4 2019 before dropping sharply in the Q1 2020 and Q2 2020 reporting periods. During the entire period covered by Figure 13, a clear upward trend line presents itself in the data showing sustained demand increases, occasionally punctuated by brief, sharp declines, that are outstripping capacity gains and adding strain to our systems.

  During the latter portion of Q2, restrictions on admissions at WSH, due to COVID-19, along with 50 total new forensic beds coming online at ESH on June 1 and August 1 may have led to the Q3 spike in restoration referrals at ESH. By the conclusion of Q4 demand returned to Q1 2020 levels even as COVID-19 continued to exert its influence to slow admissions and reduce ward capacity.

Figure 14. *Shows Total WSH and ESH Combined Referrals for Inpatient Restorations*



The figure above illustrates the combined total quarterly referrals for inpatient restorations.

- ***Outcomes*****:** During the Q4 2020 reporting period, WSH and ESH collectively saw referrals recover substantially above the decline levels from Q1 to the fourth highest level measured during the entire 2015-2020 reporting period. The 2020 quarterly average for referrals is 318. The 2019 quarterly average for referrals is 424. The 2018 quarterly average was 349.75. The 2017 quarterly average was 342.75, and the 2016 quarterly average was 280. The growth in the year-over-year quarterly averages, through 2019, clearly illustrates that year-over-year numbers continue to climb dramatically and are significantly higher than was seen in 2016.

- ***Drivers*****:** After referral 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 referrals have more than recovered by the end of Q4 2020. 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 are adding strain to our systems. Adding the emergence of COVID-19 as a new externality, OFMHS and its partners are beginning to adjust to the new environment in which to safely serve our clients.

Numerous pandemic-related changes include: implementation of social distancing in the forensic wards, in part, by reducing patient census; admissions holds on wards due to active COVID-19 cases among clients, staff, or both; slowdown in referrals due to pandemic-related court closures and reductions in court case throughput; and pandemic-related challenges in restoration program delivery.

Figure 15, on the following page, appeared for the first time in the Q3 2020 report to illustrate referrals from the new OCRP program that began serving clients in seven Phase 1 counties on July 1, 2020 and began serving the last three Phase 1 counties on September 1, 2020.

Figure 15. *Shows Statewide Outpatient Competency Restoration Referrals*

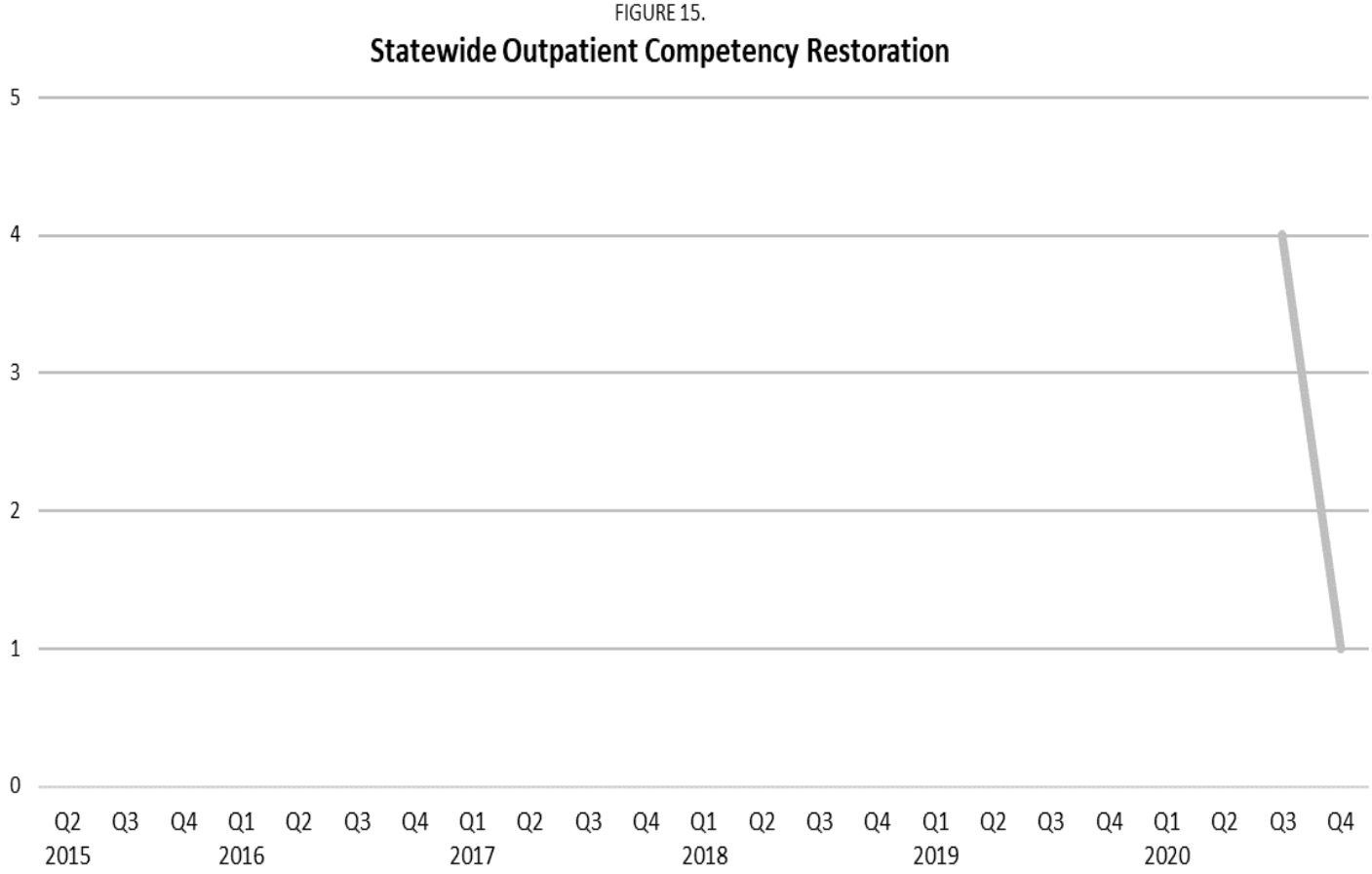


Figure 15 above illustrates the total number of jail-based Outpatient Competency Restoration referrals from all OCR programs statewide. Clients who enter OCRP from PR status or transfer from inpatient restoration to OCRP are not reflected in the figure above.

- ***Outcomes:*** During the Q3 reporting period, Phase 1 OCR programs began serving clients. The first four referrals were accepted into OCRP during Q3. Q4 2020 saw one additional client referred into OCRP from jail. Overall, OCRP has served more than 20 clients statewide as of December 31, 2020.

- ***Drivers:*** Two OCR programs opened on July 1, 2020, and the third program serving the Southwest region, opened on September 1, 2020. OCR programs are in an initial ramp up phase as they begin to accept client referrals and provide treatment services. This opportunity is also utilized to test the program's planned policies and practices under real world conditions. In response to feedback from within and without, administrators are working with stakeholders to implement needed adjustments.

ACTIONS TAKEN

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

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

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

Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS. Three major goals for OFMHS during this period were to (1) best-utilize current bed capacity; (2) gain efficiencies in the process of evaluation delivery; and (3) fund prosecutorial diversion programs and implementation of five request for proposals (RFP's) using Trueblood fines. Below are the key actions that occurred during this period to decrease wait times.

Best-Utilize Current Bed Capacity

During this period, 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, Maple Lane, and Yakima. Maple Lane reduced census to 25, and Yakima reduced census to 21. Both facilities made these changes to allow for social distancing within the facility and to accommodate a quarantine room. Additionally, stabilizing the census remained a key focus at Ft. Steilacoom Competency Restoration Program (FSCRP). FSCRP will be limited to 25 patients due to COVID-19.

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.

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.

Triage services have continued in an effort to identify individuals for whom expedited admissions may be appropriate. To date this program, called TCEA (Triage Consultation and Expedited Admissions), has identified and accepted requests for 288 individuals for expedited admissions, out of a total of 480 individual referrals.

While work to reduce inpatient demand for services continues, important capacity additions recently came online and others are in the latter stages of construction. Twenty-five bed forensic ward 1N3 opened on June 1, 2020 at ESH, and a second 25-bed ward, 3N3, opened on August 3, during this reporting period. At WSH, two 20-bed wards remain under construction. The WSH projects, in particular, have been delayed due to the effects of COVID-19 on contractors, labor, and the supply chain. The projects remain high priority and every effort is being made to mitigate the effects of the pandemic-caused disruptions. At this time, clients are expected in the WSH wards during Q1 2021.

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. 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 newly implemented Outpatient Competency Restoration Program (OCRP), which was also implemented on July 1, 2020 in partnership with the Health Care Authority. As those outpatient treatment slots come online to serve appropriate clients in their own communities, on an outpatient basis, less pressure should be exerted on inpatient beds over time.

Work will need to be undertaken to continue increasing capacity and reducing demand. Actions are anticipated to take place in the next reporting period to address these challenges, which will be included in the next report.

Gain Efficiencies in Process of Evaluation Delivery

During the 2015-2017 biennium, 21 evaluators were added to current staff levels. The legislature funded 13 new evaluator positions to begin after July 1, 2019 to further assist with competency evaluations to work toward substantial compliance and to meet statutory targets. As of June 1, 2020, all 13 forensic evaluators have been hired and started work for Fiscal Year 2020. For Fiscal Year 2021, beginning on July 1, 2020, the legislature funded five new evaluator positions. The department has already hired all evaluators for the Fiscal Year 2021 contempt settlement agreement requirements. Additionally, two open forensic evaluator supervisor positions in King County and Spokane were filled during the fourth quarter.

Many courts maintain requirements that forensic reports and other related motions be transmitted to the court clerk via fax. Outside of normal business hours or when forensic evaluators work from

remote locations, they do not always have access to traditional fax machines. E-faxing utilizes secure servers to transmit documents from anywhere you can connect to the network to a receiving fax machine. For minimal investment, the project increases the number of forensic reports submitted on time, improving workload efficiency and decreasing fine payments for late cases. This new system will be fully implemented in March 2021 (Q1 2021).

Additional efforts have also been made in the area of workforce development. Specifically, staff evaluators were offered 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. Subsequent, to the conclusion of the video conferencing evaluation pilot project, use of tele-video services for evaluations has continued at existing sites. For the first two years of video 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 utilize workforce development staff to assist jails and others in adopting the necessary technology to conduct video evaluations. From April to September 2020, utilization of video evaluations increased nearly five-fold as compared to pre-pandemic levels and have remained at a high utilization rate through the Q4 2020 reporting period. Video systems are utilized in more than 20 tribal, county, and local jails statewide, and very few video evaluation attempts are rejected by clients or their attorneys.

Fund Prosecutorial Diversion Programs & RFP's Using Trueblood Fines

Twelve Trueblood-fine funded programs continue to operate including: King County (BHO); Sunrise Services, Inc.; Comprehensive Health Care; Great Rivers (BHO); Kitsap Mental Health Services; Catholic Charities; Pierce County; Thurston-Mason Behavioral Health Organization; Pacific County (program focused on diversion of misdemeanors); Spokane County (program focused on diversion of misdemeanor and low-level felonies); Greater Columbia (program focused on diversion of misdemeanors); and King County (program focused on diversion of misdemeanors and low-level felonies).

One of the programs in King County is a prosecutorial diversion program, which is jointly funded by both contempt fine dollars 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.

All of the programs mentioned above have continued to operate during the pandemic though services have been reduced and modified to incorporate more technology (e.g., Zoom for Healthcare) into meeting with clients.

NEXT STEPS

Future reports will provide continued progress reporting, with a focus on efforts made in four main areas as it relates 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, and (4) decreasing demand for competency services.

ESH opened both of its newly renovated forensic wards bringing an additional 50 forensic beds online. As these beds are increasingly occupied, subject to COVID-19 restrictions, pressure will be reduced on the existing system. WSH is also expecting to bring two newly renovated forensic wards online for an additional 40-beds in Q1 2021. These new beds will enable reductions in the client wait lists and quicker through put in the legal authorities assigned to those beds/wards.

The major focus for OFMHS in the future is to work on reducing demand for all competency services through implementation of the Trueblood contempt settlement agreement. The Forensic Navigator program 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 and is designed to work 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. As these programs gain additional time in operations, a broader level of information will become available in future quarterly reports.

Efforts to reduce demand for competency services include several innovative programs listed as follows: Forensic Projects for Assistance in Transition from Homelessness (FPATH), mobile crisis response, and Forensic Housing and Recovery through Peer Services teams (FHARPS). FPATH identifies and builds relationships with persons at highest risk for involvement in the criminal court, homelessness, and forensic mental health systems in an effort to provide services and prevent involvement in these systems. Mobile crisis response provides timely interventions in the field in an effort 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.

Additionally, OFMHS has taken steps to create specific standards and expectations for staff evaluators, in adherence with our principles of being the most well-trained and efficient staff possible.

OFMHS attempts to accomplish these challenging settlement agreement goals in the context of the global COVID-19 pandemic that recently began ravaging Washington state causing us to temporarily shut down much of state and local government as well as a vast array of societal institutions. At of the end of Q1, the effects on our operations were relatively muted, but as the lockdown continued into Q2, and then the highly modified treatment environments persisted into Q3, the effects have only deepened. As Q3 and Q4 advanced, agency staff have proved time and

time again to be highly adaptive and have learned to work relatively efficiently within the challenging confines of the COVID-19 restrictions. OFMHS' staff has strived to continue advancing transformative solutions to the forensic system in a safety and patient-centered care environment, in spite of the challenges induced by the historic pandemic.

SUMMARY

The department continues to work on what impacts can be made on these four 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; and (4) decrease demand for competency services.

Ensuring that every bed is best-utilized to meet requirements under Trueblood, by maintaining efficient referral and admission practices, is a major key to OFMHS' work toward achieving compliance.

Continued triage and diversion efforts will also 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.

With the contempt settlement agreement in place, 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.

APPENDIX A – Competency Inpatient and Outpatient (Jail) Evaluations Referrals and Restoration Referrals

Appendix A.

Competency Inpatient and Outpatient (Jail) Evaluations Referrals and Restoration Referrals

		Competency Outpatient (Jail) Evaluations			Competency Inpatient Evaluation Referrals			Competency Inpatient Restoration Referrals			Competency Outpatient Restoration Referrals
		NUMBER OF COURT ORDERS SIGNED			NUMBER OF COURT ORDERS SIGNED			NUMBER OF COURT ORDERS SIGNED			
		ESH	WSH	Both	ESH	WSH	Both	ESH	WSH	Both	Statewide
2015	Q2	89	569	658	12	28	40	12	181	193	0
	Q3	101	591	692	16	42	58	39	233	272	0
	Q4	108	543	651	24	41	65	22	193	215	0
2016	Q1	148	606	754	19	59	78	47	208	255	0
	Q2	153	632	785	15	54	69	49	207	256	0
	Q3	183	714	897	26	77	103	39	266	305	0
	Q4	154	633	787	29	67	96	49	255	304	0
2017	Q1	170	633	803	27	61	88	60	291	351	0
	Q2	186	746	932	26	77	103	52	281	333	0
	Q3	177	728	905	24	66	90	54	307	361	0
	Q4	178	698	876	26	47	73	43	283	326	0
2018	Q1	213	732	945	26	34	60	55	269	324	0
	Q2	182	853	1035	28	30	58	59	307	366	0
	Q3	208	856	1064	22	30	52	61	273	334	0
	Q4	205	781	986	36	38	74	67	308	375	0
2019	Q1	201	831	1032	27	38	65	78	336	414	0
	Q2	248	955	1203	35	37	72	76	362	438	0
	Q3	248	1050	1298	32	30	62	71	309	380	0
	Q4	239	1054	1293	29	11	40	81	380	461	0
2020	Q1	209	998	1207	22	20	42	62	268	330	0
	Q2	107	625	732	21	18	39	31	180	211	0
	Q3	198	895	1093	26	19	45	59	284	343	4
	Q4	191	813	1004	49	47	96	63	325	388	1

PRODUCED BY: DSHS Research and Data Analysis, January 2021.

SOURCE: January 2021 Trueblood Monthly Report.

NOTES: Number reflect court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service. Data was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

APPENDIX B – Average Number of Days from Completion of Inpatient Referrals (All Discovery Received) to Bed Offer per Quarter

FIGURE B1.

Inpatient Restorations and Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2013	Q4	240	7	48.7	22.0	25.5
2014	Q1	248	7	43.1	19.8	23.0
	Q2	255	7	21.3	29.9	28.6
	Q3	252	7	29.8	34.4	33.6
	Q4	266	7	26.8	43.4	40.5
2015	Q1	243	7	27.5	43.8	40.4
	Q2	257	7	54.9	25.9	29.5
	Q3	263	7	88.0	19.3	30.5
	Q4	282	7	70.8	31.2	38.1
2016	Q1	326	7	50.9	26.5	31.6
	Q2	352	7	20.9	27.4	26.0
	Q3	371	7	7.5	16.3	15.2
	Q4	376	7	4.8	24.2	20.4
2017	Q1	388	7	7.0	24.8	21.2
	Q2	371	7	6.3	29.3	25.1
	Q3	393	7	9.5	32.6	28.6
	Q4	366	7	10.2	36.2	31.0
2018	Q1	345	7	9.1	47.5	39.8
	Q2	372	7	18.5	41.9	37.5
	Q3	358	7	21.0	42.6	38.6
	Q4	377	7	22.1	45.7	40.0

FIGURE B2.

Inpatient Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2013	Q4	42	7	120.3	28.5	46.0
2014	Q1	51	7	85.1	25.6	36.1
	Q2	56	7	41.2	30.6	33.1
	Q3	51	7	41.8	33.8	36.7
	Q4	45	7	59.3	30.7	37.0
2015	Q1	47	7	67.6	22.1	34.7
	Q2	45	7	75.0	13.7	36.9
	Q3	57	7	81.2	15.3	36.1
	Q4	55	7	67.5	21.8	35.1
2016	Q1	74	7	44.1	15.7	24.1
	Q2	67	7	19.2	19.7	19.6
	Q3	87	7	7.5	13.3	11.8
	Q4	98	7	4.9	23.4	18.5
2017	Q1	75	7	5.7	17.5	14.0
	Q2	64	7	5.6	27.6	21.8
	Q3	80	7	7.0	39.9	30.5
	Q4	71	7	10.6	44.0	34.1
2018	Q1	53	7	8.7	50.1	35.3
	Q2	38	7	18.0	47.5	35.1
	Q3	38	7	20.4	46.5	34.1
	Q4	57	7	16.6	36.7	27.9

FIGURE B3.

Inpatient Restorations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2013	Q4	198	7	24.8	20.7	21.2
2014	Q1	197	7	28.0	18.4	19.6
	Q2	199	7	21.2	29.8	27.4
	Q3	201	7	20.0	34.5	32.8
	Q4	221	7	18.1	45.9	41.2
2015	Q1	196	7	13.4	48.4	41.8
	Q2	212	7	32.1	27.7	28.0
	Q3	206	7	92.9	20.1	29.0
	Q4	227	7	72.5	33.1	38.8
2016	Q1	252	7	54.2	29.2	33.8
	Q2	285	7	21.4	29.1	27.5
	Q3	284	7	7.5	17.0	16.3
	Q4	278	7	4.8	24.4	21.1
2017	Q1	313	7	7.5	26.3	22.9
	Q2	307	7	6.6	29.7	25.8
	Q3	313	7	10.8	31.0	28.1
	Q4	295	7	10.0	34.6	30.2
2018	Q1	292	7	9.2	47.1	40.6
	Q2	334	7	18.7	41.4	37.7
	Q3	320	7	21.2	42.3	39.1
	Q4	320	7	24.2	46.8	42.1

Figures B1. through B3. continue on the following page.

FIGURE B1.

Inpatient Restorations and Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2019	Q1	408	7	21.2	48.0	42.4
	Q2	378	7	40.5	39.7	39.9
	Q3	384	7	35.6	42.2	40.6
	Q4	414	7	31.8	32.8	32.6
2020	Q1	310	7	43.7	39.1	40.1
	Q2	140	7	69.0	53.2	55.7
	Q3	238	7	65.3	54.8	56.3
	Q4	293	7	60.3	41.7	45.3

FIGURE B2.

Inpatient Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2019	Q1	59	7	22.8	35.5	31.2
	Q2	43	7	48.5	29.0	38.5
	Q3	45	7	39.7	45.2	42.9
	Q4	43	7	36.2	42.6	39.6
2020	Q1	27	7	36.8	30.8	33.7
	Q2	9	7	86.7	48.3	61.1
	Q3	20	7	74.2	106.7	92.1
	Q4	48	7	57.6	46.4	51.7

FIGURE B3.

Inpatient Restorations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
				Eastern State Hospital	Western State Hospital	Both ESH and WSH
2019	Q1	349	7	20.7	49.7	44.3
	Q2	335	7	37.8	40.6	40.1
	Q3	339	7	34.5	41.9	40.3
	Q4	371	7	30.4	32.1	31.8
2020	Q1	283	7	45.3	39.6	40.7
	Q2	131	7	66.3	53.5	55.3
	Q3	218	7	61.8	51.9	53.0
	Q4	245	7	62.1	41.1	44.1

PRODUCED BY: DSHS Research and Data Analysis, January 2021.

SOURCE: Prior to Aug 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since Aug 1, 2018: BHA Forensic Data System.

* Number of received and number admitted are the totals for the quarter (i.e., some that were completed in quarter were received in previous quarter). The population for average days and performance measures, are referrals COMPLETED in the quarter (IP = bed offer/admitted, OP = Evaluated/faxed report). The number of days waiting is calculated from the date all documents are received (Order, Discovery, Charging Docs), to the date of completion (IP=bed offer, OP = faxed report), minus any days of delay that were beyond the control of the forensic program. Cases that were cancelled or withdrawn are excluded from averages.

APPENDIX C – Average Number of Days for Civil Conversions, In-Jail Evaluations, and Out-of-Jail Evaluations (All Discovery Received) to Bed Offer per Quarter

Appendix C.

Average Number of Days for Civil Conversions, In-Jail Evaluations, and Out-of-Jail Evaluations (All Discovery Received) to Bed Offer per Quarter

FIGURE C1.

Inpatient 72-hour Dismissal Evaluations (flips)

		Admits ESH+WSH	Target DAYS	Eastern State Hospital AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Both ESH and WSH AVERAGE DAYS
CY	Q4	35	7		2.1	2.1
2014	Q1	34	7		4.1	4.1
	Q2	40	7		2.9	2.9
	Q3	31	7		3.4	3.4
	Q4	27	7		3.7	3.7
2015	Q1	30	7		4.0	4.0
	Q2	21	7		2.6	2.6
	Q3	28	7		2.1	2.1
	Q4	22	7		4.4	4.4
2016	Q1	32	7		2.8	2.8
	Q2	27	7		2.6	2.6
	Q3	35	7		3.3	3.3
	Q4	50	7		3.1	3.1
2017	Q1	41	7		2.1	2.1
	Q2	44	7		3.1	3.1
	Q3	46	7		3.5	3.5
	Q4	51	7		2.4	2.4
2018	Q1	75	7		3.5	3.5
	Q2	50	7		2.9	2.9
	Q3	26	7	4.0	4.1	4.1
	Q4	41	7	2.2	3.6	3.2

FIGURE C2.

In-Jail Evaluations

		Complete ESH+WSH	Target DAYS	Eastern State Hospital AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Both ESH and WSH AVERAGE DAYS
CY	Q4	459	7	60.2	17.8	25.3
2014	Q1	530	7	63.6	17.8	26.1
	Q2	563	7	56.3	14.7	21.3
	Q3	505	7	50.0	14.1	20.9
	Q4	506	7	55.3	13.4	21.6
2015	Q1	547	7	55.1	12.6	20.9
	Q2	553	7	73.5	12.2	20.5
	Q3	628	7	53.6	17.2	23.2
	Q4	616	7	37.1	13.8	18.3
2016	Q1	745	7	19.1	8.7	11.0
	Q2	689	7	12.0	8.2	9.0
	Q3	753	7	13.4	10.7	11.2
	Q4	758	7	11.6	12.3	12.2
2017	Q1	710	7	5.6	9.5	8.6
	Q2	760	7	11.3	9.7	10.0
	Q3	843	7	11.5	10.7	10.9
	Q4	845	7	10.3	9.4	9.5
2018	Q1	840	7	10.4	7.7	8.2
	Q2	973	7	12.1	7.7	8.5
	Q3	942	7	10.9	8.7	9.0
	Q4	817	7	9.5	9.7	9.7

FIGURE C3.

Out-of-Jail Evaluations

		Complete ESH+WSH	Target DAYS	Eastern State Hospital AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Both ESH and WSH AVERAGE DAYS
CY	Q4	143.0	21	70.2	94.6	87.1
2014	Q1	222	21	79.7	87.5	85.6
	Q2	200	21	66.3	65.2	65.4
	Q3	145	21	70.5	74.3	72.7
	Q4	169	21	66.5	80.2	75.6
2015	Q1	122	21	76.7	75.5	76.0
	Q2	135	21	88.9	66.0	74.7
	Q3	124	21	103.9	83.8	90.6
	Q4	189	21	118.6	91.5	102.3
2016	Q1	207	21	80.0	95.7	89.5
	Q2	222	21	64.3	76.6	72.9
	Q3	164	21	32.5	67.1	54.0
	Q4	186	21	44.1	93.4	80.4
2017	Q1	188	21	37.0	90.5	76.3
	Q2	228	21	44.7	70.6	63.6
	Q3	134	21	54.2	82.1	72.5
	Q4	176	21	49.7	95.9	81.5
2018	Q1	218	21	53.6	105.6	89.4
	Q2	151	21	38.6	102.3	88.8
	Q3	88	21	57.6	127.1	104.2
	Q4	157	21	71.8	132.6	130.3

Figures C1. through C3. continue on the following page.

FIGURE C1.

Inpatient 72-hour Dismissal Evaluations (flips)

		Both ESH and WSH														
		Western State Hospital														
		Eastern State Hospital														
		Admits ESH+WSH	Target DAYS	AVERAGE DAYS			Complete ESH+WSH	Target DAYS	AVERAGE DAYS			Complete ESH+WSH	Target DAYS	AVERAGE DAYS		
2019	Q1	59	7	4.0	5.0	4.8	895	7	14.6	12.2	12.6	214	21	117.8	153.5	144.2
	Q2	93	7	5.7	6.3	6.2	1103	7	13.4	12.6	12.8	199	21	154.1	146.8	149.4
	Q3	95	7	5.2	5.2	5.2	1228	7	13.5	12.5	12.7	148	21	144.4	158.7	152.1
	Q4	71	7	6.6	6.5	6.5	1220	7	13.9	12.5	12.8	185	21	156.7	136.8	142.9
2020	Q1	68	7	7.0	7.1	7.1	1173	7	13.3	12.8	12.9	209	21	167.6	174.3	172.2
	Q2	51	7	8.4	7.7	7.8	619	7	11.6	13.7	13.4	75	21	145.6	197.4	187.7
	Q3	82	7	9.1	9.8	9.6	980	7	14.1	12.0	12.4	195	21	129.5	218.6	203.5
	Q4	87	7	12.6	11.4	11.5	980	7	13.8	12.9	13.1	221	21	131.4	191.4	181.1

FIGURE C2.

In-Jail Evaluations

FIGURE C3.

Out-of-Jail Evaluations

PRODUCED BY: DSHS Research and Data Analysis, January 2021.

SOURCE: Prior to Aug 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since Aug 1, 2018: BHA Forensic Data System.

* Number of received and number admitted are the totals for the quarter(IE. some that were completed in quarter were received in previous quarter). The population for average days and performance measures, are referrals COMPLETED in the quarter (IP=bed offer/admitted, OP = Evaluated/faxed report). The number of days waiting is calculated from the date all documents are received (Order, Discovery, Charging Docs), to the date of completion (IP=bed offer, OP = faxed report), minus any days of delay that were beyond the control of the forensic program. Cases that were cancelled or withdrawn are excluded from averages.