

REPORT TO THE LEGISLATURE

# Timeliness of Services Related to Competency to Stand Trial

2025  
Annual Report



# TABLE OF CONTENTS

Background.....	1
Competency Evaluation and Restoration Data .....	3
Data Analysis And Discussion.....	4
Section 1: Statewide Forensic System Data .....	4
Section 2: County Forensic System Data .....	10
County-level results .....	10
Section 3: Actions Taken.....	15
Building workforce and addressing staffing challenges .....	15
Expanding bed capacity.....	16
Decreasing demand for competency services .....	16
Next Steps .....	16
Summary .....	17

October 1, 2024-September 30, 2025

*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 amended by Second Substitute Senate Bill 5664, Section 3 (Chapter 288, Laws of 2022; partial veto) RCW 10.77.068(8); and as further amended by Second Substitute House Bill 1359, Section 2 (Chapter 358, Laws of 2025) RCW 10.77.605(8).*

**January 15, 2026**

Washington State Department of Social and Health Services

Behavioral Health and Habilitation Administration /  
Office of Forensic Mental Health Services

**Authored by:** Compliance Reporting Team, OFMHS

## Background

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

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

In 2022, Second Substitute Senate Bill 5664 (Chapter 288, Laws of 2022; partial veto) was enacted by the Legislature to implement several policy changes and alignment in competency services timelines between statutory state targets and Trueblood requirements. The effects on this annual report are minor: (1) Changes the authorizing section of the statute; (2) Changes the report's due date; and (3) Removes technical language without impact on the statutory requirement. The new legislative requirement for this annual report, now in Section 3(8) indicates the following:

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

In July 2025, Second Substitute House Bill 1359 took effect, which authorized a task force to complete a comprehensive review of RCW 10.77. As part of 2SHB 1359, most sections of RCW 10.77 were re-codified. This had the effect of renumbering nearly all sections of 10.77. Until July 2025, the principal section authorizing this report was 10.77.068. Effective July 2025, it is 10.77.605. Subsections of 10.77 are unaltered by the re-codification.

This 2025 annual<sup>2</sup> report provides data on the timeliness of competence to stand trial services during the Oct. 1, 2024 through Sept. 30, 2025 reporting period. This report also provides the requested data on the timeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. DSHS is making every effort to provide competency services within the state's standards.

The data are dynamic, and the most recent results generally will continue to change and become more reliable over time as the data mature. Likewise, due to the Trueblood lawsuit, case prioritization, civil conversion cases, triage cases, periodic lengthy wait times and other considerations, some cases will not show as completed cases in the data until the cases are resolved. The department cautions against comparing the data in this publication to other department publications due to differences in data maturity, time frames, databases, and other sourcing parameters that may not allow for a direct comparison.

<sup>1</sup> Section 2 of that law, which was codified as RCW 10.77.068, established performance targets related to evaluating competence and offering restoration services. RCW 10.77.068 also defined the time period measured in these performance targets as the date on which the state hospital receives the court referral and charging documents, discovery, and criminal history information related to the defendant. RCW 10.77.068 was subsequently amended during the 2015 regular session by Section 1 of SSB 5889 (Chapter 5, Laws of 2015). That law retained the seven-day performance targets for completion of competency to stand trial services, and established maximum time limits for the completion of those services. In 2022, Section 3 of 2SSB 5664 (Chapter 288, Laws of 2022; partial veto) further amended the performance targets and maximums to align more closely, in most cases, with the federal court's requirements in the Trueblood decision. In 2025, Second Substitute House Bill 1359 re-codified most sections of RCW 10.77. As a result, the chapter's sections were renumbered. RCW 10.77.068 became 10.77.605.

<sup>2</sup> In the 2022 statute change, a specific annual report due date was deleted in favor of an annual requirement. The department intends to continue with an annualized reporting period of October 1-September 30 with the report delivered to the Legislature around January 15.

In April 2015, the U.S. District Court found that waiting times for competency to stand trial services violated the substantive due process rights of criminal defendants and established seven days as the maximum justifiable period of incarceration, absent an individualized finding of good cause. DSHS appealed the seven-day evaluation deadline to the 9th Circuit Court of Appeals for in-custody evaluations only. This appeal resulted in in-custody evaluations being granted a completion deadline of 14 days from court order signature. In response, the Legislature appropriated funding to address the court's findings.

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

On Sept. 30, 2016, the Forensic Services Unit at ESH had a total of 125 beds with 55 of those beds designated as pre-trial evaluation and treatment forensic beds. The remaining forensic beds housed people who were found NGRI.

Insufficient improvements in wait times for competency services, as required by the April 2015 Trueblood decision, resulted in contempt of court findings for the department. The department and plaintiffs agreed to a Contempt Settlement Agreement that was court approved in December 2018. Court approval of the Settlement Agreement's final implementation plan occurred in late June 2019, in time to allow Phase 1 of the Settlement Agreement to start implementation concurrent with the state's 2019-2021 budget biennium. Following Phase 1, Phase 2 implementation of the settlement ran concurrent with the state's 2021-2023 budget biennium, and Phase 3 of the settlement ran concurrent with the state's 2023-2025 budget biennium. Phase 4 of the settlement began on July 1, 2025 and is scheduled to continue through June 30, 2027. Phase 4 does not expand the geographic reach of Trueblood programs; rather, it bolsters implementation of the programs in the existing phased regions. To review past annual reports, which detail previously funded projects, please visit the [Reports to the Legislature website](#).

Items listed below are current department initiatives related to SSB 6492 as amended and the Trueblood Contempt Settlement Agreement.

- For the 12 months ending in September 2025, use of telehealth services continued to grow, year-over-year (19.3%), having reached more than 445 completed evaluations per month on average. Defense attorneys and clients continued to use the system with very few rejections. The refusal rate was 1.4 percent of attempts over the last 12 months (majority of refusals were from clients, 55.3%). Telehealth systems' reach across the state continued to grow as well. Telehealth systems have been used for evaluations at four Tribal corrections facilities; 15 city/regional jail locations; in 27 different counties with 28 total locations; at three OCRP programs, and in five DSHS inpatient facilities (including the Yakima RTF that closed on July 26, 2021, and the Maple Lane Campus forensic BHTC that closed to forensic restoration patients 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. Over FY 25 significant work to implement an improved telehealth solution has been completed in several facilities across the state.
- In fall 2024, OFMHS completed centralization of evaluation support and scheduling functions under the Forensic Evaluation Administrative Support Team (FEAST). FEAST has allowed evaluators to better focus on completing evaluations and related tasks rather than many of the support functions required for a successful evaluation. Centralization of these tasks has cut down on administrative errors and created efficiencies, which help to enable sustained on-time performance at or above 90 percent each month, across all legal authorities except for personal recognizance admissions.<sup>3</sup>

<sup>3</sup> Forensic Admissions and Evaluations-Performance Targets 2025, Second Quarter (April 1, 2025-June 30, 2025), Report to the Legislature. Washington State Department of Social and Health Services, Behavioral Health Administration, Office of Forensic Health Services, October 15, 2025.

- Sustained High bed demand at our inpatient facilities, for forensic and civil clients, has resulted in a need to carefully manage admissions and discharges and to optimally use each available inpatient bed. For the last two years, an executive bed management committee meets several times weekly to ensure incoming and outgoing patients are managed as efficiently as possible. To aid in this data driven effort, a bed allocation manager was hired in 2024 to develop and implement bed management and throughput strategy in our state facilities. This allowed the department to better manage patient flow and hit record levels of on-time inpatient admissions.

## Competency Evaluation and Restoration Data

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. RCW 10.77.068 as originally implemented established various performance targets for The Department of Social and Health Services to meet in completing competency services. The 2015 amendments from SSB 5889 added performance maximums, and the 2022 amendments brought many of the performance targets and maximums in close alignment with the federal Trueblood settlement. In 2025, 2SHB 1359 re-codified chapter 10.77 RCW and re-numbered most chapter sections. As a result, 10.77.068 became 10.77.605. This change did not affect the performance expectations adopted in 2022. Below, the performance expectations are listed in detail from RCW 10.77.605:

*(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*

*(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.*

## Data Analysis And Discussion

In this section, the report is organized in the following manner: (1) statewide forensic system data, (2) county forensic system data, and (3) actions taken.

Additional information about timely competency services is available in monthly reports published by the Department of Social and Health Services in compliance with requirements established in the April 2015 Trueblood court order. These reports are available at [OFMHS Trueblood Court Monitor Reports](#).

The data are dynamic, and the most recent results generally will continue to change and become more reliable over time as the data mature. Likewise, due to the Trueblood lawsuit, case prioritization, civil conversion cases, triage cases, periodic lengthy wait times and other considerations, some cases will not show as completed cases in the data until the cases are resolved. The department cautions against comparing the data in this publication to other department publications due to differences in data maturity, time frames, databases, and other sourcing parameters that may not allow for a direct comparison.

On the following pages, Tables 1-5 present the statewide forensic system data.

### Section 1: Statewide Forensic System Data

**Table 1:** Average number of days from referral completion (all documents received) to WSH inpatient competency services provided.

**TABLE 1: WSH Inpatient Competency Admissions**

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

County	EVALUATIONS		RESTORATIONS		County	EVALUATIONS		RESTORATIONS	
	Court orders with admissions	Average days from all documents received to services provided	Court orders with admissions	Average days from all documents received to services provided		Court orders with admissions	Average days from all documents received to services provided	Court orders with admissions	Average days from all documents received to services provided
Adams	0		0		Lewis	3	2.0	56	4.3
Asotin	0		0		Lincoln	0		0	
Benton	0		0		Mason	5	4.2	31	74.4
Chelan	0		0		Okanogan	0		0	
Clallam	11	4.9	42	2.8	Pacific	2	3.5	14	3.7
Clark	17	4.6	179	3.9	Pend Oreille	0		0	
Columbia	0		0		Pierce	16	3.3	398	4.5
Cowlitz	2	2.5	116	6.6	San Juan	2	7.0	8	3.5
Douglas	0		0		Skagit	8	6.6	92	5.2
Ferry	0		0		Skamania	0		3	3.3
Franklin	0		0		Snohomish	15	4.0	177	33.8
Garfield	0		0		Spokane	0		0	
Grant	0		0		Stevens	0		0	
Grays Harbor	11	3.5	57	4.3	Thurston	11	4.2	189	3.1
Island	1	7.0	20	3.1	Wahkiakum	0		2	3.5
Jefferson	0		12	3.9	Walla Walla	0		0	
King	90	5.1	756	5.0	Whatcom	15	140.1	155	10.2
Kitsap	7	5.9	84	11.4	Whitman	0		0	
Kittitas	0		0		Yakima	0		0	
Klickitat	0		0		<b>TOTAL</b>	<b>216</b>	<b>14.1</b>	<b>2,391</b>	<b>8.2</b>

Table 1 above represents WSH wait times from referral completion to inpatient competency services provided.



**Outcomes:** During the Oct. 1, 2024-Sept. 30, 2025, reporting period, WSH had average days waiting of 14.1 days (10.9 days in the previous reporting period and 79.6 days in the Oct. 1, 2023-Sept. 30, 2024 reporting period) from the time all documents were received from the referring county until the patient could be admitted for an inpatient competency evaluation. For inpatient competency restoration services, average days waiting from completed referral to admission were 8.2 days (13.5 days in the previous reporting period and 78.0 days in the Oct. 1, 2023-Sept. 30, 2024 reporting period).

**Drivers:** In recent reporting periods, a substantial number of new beds have come online at the Maple Lane Campus' Behavioral Health and Treatment Center as well as at WSH and ESH. In addition to the greater number of beds allowing more residents, additional beds also provide greater flexibility throughout the system. As an example, when BHHA has moved NGRI patients from WSH and ESH to the Maple Lane Campus, the beds freed up at the state hospitals can then be re-allocated to forensic competency restoration patients.

During this last reporting period, several counties had a number of outlier orders that drove an increase in average days to services provided following referral completion for inpatient evaluations. This also happened for inpatient restoration orders; however, due to the number of restoration orders exceeding inpatient evaluation orders by 10-1, average days to admission for restoration orders still decreased. There are several reasons these outlier orders occurred:

- In fall 2024, a systems outage experienced by the Administrative Office of the Courts (AOC) resulted in many orders not being received by the state hospitals and needing to be resent. DSHS' partner jurisdictions often were unaware the state did not receive a specific order for 30-60 days following the order's original issuance.
- Patients with severe medical issues, which required resolution prior to admission to our state facilities also resulted in increased admissions times.
- As OFMHS added dedicated staff resources for completing personal recognizance evaluations and restorations, several clients who had been awaiting services in the community for 1-2 years had their orders completed.

**Table 2:** Average number of days from referral completion (all documents received) to ESH inpatient competency services provided.

**TABLE 2: ESH Inpatient Competency Admissions**

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

County	EVALUATIONS		RESTORATIONS		County	EVALUATIONS		RESTORATIONS	
	Court orders with admissions	Average days from all documents received to services provided	Court orders with admissions	Average days from all documents received to services provided		Court orders with admissions	Average days from all documents received to services provided	Court orders with admissions	Average days from all documents received to services provided
Adams	4	3.5	10	3.5	Lewis	0		1	
Asotin	1	3.0	21	3.7	Lincoln	0		2	6.0
Benton	6	23.2	83	20.4	Mason	0		0	
Chelan	3	5.3	39	6.0	Okanogan	1	7.0	10	4.1
Clallam	0		0		Pacific	0		0	
Clark	0		0		Pend Oreille	1	5.0	3	2.3
Columbia	0		4	3.8	Pierce	0		1	
Cowlitz	0		0		San Juan	0		0	
Douglas	2	4.5	14	3.6	Skagit	0		0	
Ferry	5	4.2	10	0.8	Skamania	0		0	
Franklin	8	6.1	50	3.8	Snohomish	0		1	
Garfield	0		0		Spokane	17	5.5	227	4.2
Grant	16	6.6	47	2.0	Stevens	5	4.0	24	3.6
Grays Harbor	0		0		Thurston	0		0	
Island	0		0		Wahkiakum	0		0	
Jefferson	0		0		Walla Walla	5	5.2	31	3.9
King	1		1		Whatcom	0		2	3.0
Kitsap	0	4.6	0		Whitman	1	3.0	4	3.5
Kittitas	7	7.0	13	4.2	Yakima	20	4.7	100	5.2
Klickitat	1		10	5.0	<b>TOTAL</b>	<b>104</b>	<b>6.2</b>	<b>708</b>	<b>6.0</b>

Table 2 above represents ESH wait times from referral completion to inpatient competency services provided.

**Outcomes:** During the Oct. 1, 2024-Sept. 30, 2025, reporting period, ESH had average days waiting of 6.2 days (18.1 days in the previous reporting period and 82.1 days in the Oct. 1, 2023-Sept. 30, 2024 reporting period) from the time all documents were received from the referring county until the patient could be admitted for an inpatient competency evaluation. For inpatient competency restoration services, average days waiting from completed referral to admission were 6.0 days (17.4 days in the previous reporting period and 52.6 days in the Oct. 1, 2023-Sept. 30, 2024 reporting period).

**Drivers:** In recent reporting periods, a substantial number of new beds have come online at the Maple Lane Campus' Behavioral Health and Treatment Center as well as at WSH and ESH. In addition to the greater number of beds allowing more residents, additional beds also provide greater flexibility throughout the system. As an example, when BHHA has moved NGRI patients from WSH and ESH to the Maple Lane Campus, the beds freed up at the state hospitals can then be re-allocated to forensic competency restoration patients.

**Table 3:** Average number of days from referral completion (all documents received) to outpatient evaluation services provided at WSH.

**TABLE 3: WSH Outpatient Competency Evaluations Completed**

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

County	JAIL		PR <sup>1</sup>		County	JAIL		PR <sup>1</sup>	
	Court orders with reports faxed	Average days from all documents received to services provided	Court orders with reports faxed	Average days from all documents received to services provided		Court orders with reports faxed	Average days from all documents received to services provided	Court orders with reports faxed	Average days from all documents received to services provided
Adams	0		0		Lewis	185	10.9	12	100.3
Asotin	0		0		Lincoln	0		0	
Benton	0		0		Mason	68	13.4	21	200.3
Chelan	0		0		Okanogan	0		0	
Clallam	74	13.4	12	293.9	Pacific	15	13.9	1	403.0
Clark	482	12.1	58	212.7	Pend Oreille	0		0	
Columbia	0		0		Pierce	736	12.6	90	179.7
Cowlitz	165	11.1	23	121.4	San Juan	9	12.4	5	245.0
Douglas	0		0		Skagit	110	12.6	29	239.7
Ferry	0		0		Skamania	9	6.3	0	
Franklin	0		0		Snohomish	470	10.9	95	202.6
Garfield	0		0		Spokane	0		0	
Grant	0		0		Stevens	0		0	
Grays Harbor	97	12.2	12	254.0	Thurston	276	13.3	51	248.5
Island	45	11.2	20	280.4	Wahkiakum	9	9.8	1	190.0
Jefferson	21	12.5	1	53.0	Walla Walla	0		0	
King	2,011	12.7	386	179.3	Whatcom	232	10.9	40	316.2
Kitsap	170	13.3	34	140.4	Whitman	0		0	
Kittitas	0		0		Yakima	0		0	
Klickitat	11	11.7	0		<b>TOTAL</b>	<b>5,195</b>	<b>12.3</b>	<b>891</b>	<b>197.8</b>

<sup>1</sup> In this report, the term PR (Personal Recognizance) includes all client statuses where an individual is not in jail while waiting for forensic services. These statuses include in the community on PR, in custody of the DOC, out of jail while in custody, admitted in a State Hospital, or admitted in a Behavioral Health and Treatment Center.

Table 3 above displays the average number of days from order completion to services provided at WSH for outpatient orders with clients waiting in jail or in the community.

**Outcomes:** WSH took, on average, 12.3 days to complete a jail-based evaluation (as compared to 14.1 days in the 2024 reporting period) and 197.8 days to complete a PR evaluation (as compared to 220.0 days in 2024).

**Drivers:** The average referral completion timeframe for jail-based evaluations at WSH decreased to 12.3 days on average. For PR evaluations at WSH, average days to completion decreased by more than 10 percent as compared to the previous reporting period. Demand for jail-based evaluations continued, year-over-year at near record levels. When demand for jail-based evaluations remains continuously high, the result is that Trueblood class members, who are waiting in jail for competency services, require staffing resources from other staff teams (the PR team, for example) to allow as many class members as possible to receive timely evaluation services. Over the last two reporting periods, the PR team successfully increased the number of staff dedicated to evaluating PR cases. Additional staffing and other business process changes have been implemented to drive improvement in PR clients’ wait times. These changes have included:

- Adding a staff member whose role includes intensive management of the PR waitlist and bringing long waiting orders to completion.
- Due to sustained progress and a high level of compliance in meeting Trueblood settlement metrics, occasionally there is inpatient bed space available to admit PR clients.

With ever increasing demand for competency evaluations especially for Trueblood class members, the result is an overall limited ability to decrease PR clients' wait times.

**Table 4:** Average number of days from referral completion (all documents received) to outpatient evaluation services provided at ESH.

**TABLE 4: ESH Outpatient Competency Evaluations Completed**

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

County	JAIL		PR <sup>1</sup>		County	JAIL		PR <sup>1</sup>	
	Court orders with reports faxed	Average days from all documents received to services provided	Court orders with reports faxed	Average days from all documents received to services provided		Court orders with reports faxed	Average days from all documents received to services provided	Court orders with reports faxed	Average days from all documents received to services provided
Adams	11	10.8	3	204.3	Lewis	0		0	
Asotin	29	11.2	3	271.3	Lincoln	7	13.6	3	195.7
Benton	122	8.5	49	297.9	Mason	0		0	
Chelan	91	11.2	46	278.2	Okanogan	30	12.0	14	380.1
Clallam	0		0		Pacific	0		0	
Clark	0		0		Pend Oreille	5	11.0	7	416.1
Columbia	4	11.0	2	503.0	Pierce	0		0	
Cowlitz	0		0		San Juan	0		0	
Douglas	14	12.7	5	238.6	Skagit	0		0	
Ferry	1	7.0	0		Skamania	0		0	
Franklin	76	10.7	25	256.7	Snohomish	0		0	
Garfield	0		1	171.0	Spokane	393	12.2	135	263.8
Grant	38	11.2	10	405.1	Stevens	36	12.8	16	155.0
Grays Harbor	0		0		Thurston	0		0	
Island	0		0		Wahkiakum	0		0	
Jefferson	0		0		Walla Walla	53	12.4	8	379.0
King	0		0		Whatcom	0		0	
Kitsap	0		0		Whitman	4	13.0	0	
Kittitas	35	11.4	17	226.3	Yakima	213	11.4	57	229.7
Klickitat	0		0		<b>TOTAL</b>	<b>1,162</b>	<b>11.4</b>	<b>401</b>	<b>270.7</b>

<sup>1</sup> In this report, the term PR (Personal Recognizance) includes all client statuses where an individual is not in jail while waiting for forensic services. These statuses include in the community on PR, in custody of the DOC, out of jail while in custody, admitted in a State Hospital, or admitted in a Behavioral Health and Treatment Center.

Table 4 above displays the average number of days from order completion to services provided at ESH for outpatient orders with clients waiting in jail or in the community PR.

**Outcomes:** ESH took, on average, 11.4 days to complete a jail-based evaluation (as compared to 12.1 days in the 2024 reporting period) and 270.7 days to complete a PR evaluation (as compared to 429.7 days in 2024).

**Drivers:** The average referral completion timeframe for jail-based evaluations at ESH decreased as compared to the last reporting period. For PR evaluations at ESH, it decreased 37 percent in comparison to the previous reporting period. Demand for jail-based evaluations continued, year-over-year at near

record levels. When demand for jail-based evaluations remains continuously high, the result is that Trueblood class members, who are waiting in jail for competency services, require staffing resources from other staff teams (the PR team, for example) to allow as many class members as possible to receive timely evaluation services. Over the last two reporting periods, the PR team successfully increased the number of staff dedicated to evaluating PR cases. Additional staffing and other business process changes have been implemented to drive improvement in PR clients' wait times. These changes have included:

- Adding a staff member whose role includes intensive management of the PR waitlist and bringing long waiting orders to completion.
- Due to sustained progress and a high level of compliance in meeting Trueblood settlement metrics, occasionally there is inpatient bed space available to admit PR clients.

With ever increasing demand for competency evaluations especially for Trueblood class members, the result is an overall limited ability to decrease PR clients' wait times.

**Table 5:** Describes outpatient restoration admissions and the days on average from referral completion to treatment start by county, hospital, and order type.

**TABLE 5: OCRP Outpatient Competency Restoration Admissions**

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

County	JAIL		PR <sup>1</sup>		County	JAIL		PR <sup>1</sup>	
	Court orders with program starts	Average days from all documents received to services provided	Court orders with program starts	Average days from all documents received to services provided		Court orders with program starts	Average days from all documents received to services provided	Court orders with program starts	Average days from all documents received to services provided
Adams	1	3.0	0		Lewis	0		0	
Asotin	0		0		Lincoln	0		0	
Benton	0		0		Mason	1		3	1.3
Chelan	0		0		Okanogan	0		0	
Clallam	0		8	14.0	Pacific	0		0	
Clark	10	3.5	10	12.5	Pend Oreille	0		1	13.0
Columbia	0		0		Pierce	6	15.2	19	6.6
Cowlitz	0		0		San Juan	0		0	
Douglas	0		0		Skagit	0		0	
Ferry	0		0		Skamania	0		0	
Franklin	0		0		Snohomish	0		0	
Garfield	0		0		Spokane	2	4.0	3	5.7
Grant	0		0		Stevens	0		1	9.0
Grays Harbor	0		0		Thurston	0	5.0	19	1.8
Island	0		0		Wahkiakum	0		0	
Jefferson	0		1	3.0	Walla Walla	0		0	
King	15	5.6	55	8.9	Whatcom	0		0	
Kitsap	0		7	2.6	Whitman	0		0	
Kittitas	0		0		Yakima	0		0	
Klickitat	0		0		<b>TOTAL</b>	<b>38</b>	<b>6.1</b>	<b>127</b>	<b>7.5</b>

<sup>1</sup> In this report, the term PR (Personal Recognizance) includes all client statuses where an individual is not in jail while waiting for forensic services. These statuses include in the community on PR, in custody of the DOC, out of jail while in custody, admitted in a State Hospital, or admitted in a Behavioral Health and Treatment Center.

Table 5 above describes admissions to outpatient competency restoration, by county, from referral completion (all documents received) to program admissions. The data may also include the few referrals received from courts in counties not yet eligible to refer defendants to OCRP.



**Outcomes:** The Outpatient Competency Restoration Programs operated by HCA and their contractors, have operated in the three Trueblood Phase 1 regions consisting of 10 counties for more than five years. Phase 3 initially opened two new OCRP programs in the Thurston/Mason and Salish regions, which have operated for more than one year. In August 2025, a third OCRP program opened in the Phase 3 regions. OCRP demand for class members and clients on PR continues to increase year-over-year. Class member orders and PR orders nearly doubled in FY 25 as compared to FY 24.

**Drivers:** To comply with statute and the Trueblood decision, clients awaiting OCRP treatment in jail as Trueblood class members, with completed OCRP referrals need to be admitted into treatment within seven days on average. The OCRP programs are all in compliance on average for jail-based cases (average = 6.1 days). For PR cases, clients are not Trueblood class members and may have other circumstances that individually cause significant deviations in the average days waiting data for admission to OCRP treatment. See the data note below Table 5 on page 9 for further clarification.

## Section 2: County Forensic System Data

### County-level results

In 2012, SSB 6492 Section 2 established a requirement in RCW 10.77.068(4) that the department annually report beginning on Dec. 1, 2013:

*[t]imeliness with which court referrals accompanied by charging documents, discovery, and criminal history information are provided to the department relative to the signature date of the court order. The report must be in a form that is accessible to the public and that breaks down performance by county.*

In 2022, 2SSB 5564 Section 3 amended RCW 10.77.068(4) by changing the subsection to RCW 10.77.068(8) and removing the report's due date of December 1. In 2025, 2SHB 1359 re-codified Chapter 10.77 RCW, which had the effect of updating the relevant statute section to RCW 10.77.605(8). The remaining statute language referenced above, for this section of the report, remains in effect and unchanged.

Tables 6-8 on the following pages provide the information indicated above as required by SSB 6492 as amended.

**Table 6:** Describes the number of days counties took to complete referral for inpatient competency services, from order signature until the county forwarded all documents necessary for complete referral.

**TABLE 6: Number of Inpatient Evaluations and Restoration Orders Received and Average Number of Days from Signature to All Documents Received**

*By County, Hospital, and Order Type*

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

10/1/24 to 9/30/25

County	Western State Hospital				Eastern State Hospital				Total			
	EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS		EVALUATIONS		RESTORATIONS	
	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received
Adams					5	0.6	11	0.5	5	0.6	11	0.5
Asotin					1	0.0	22	0.2	1	0.0	22	0.2
Benton					6	0.5	84	0.8	6	0.5	84	0.8
Chelan					3	0.3	40	1.3	3	0.3	40	1.3
Clallam	12	0.0	42	0.1					12	0.0	42	0.1
Clark	23	0.8	187	0.7					23	0.8	187	0.7
Columbia							4	0.0			4	0.0
Cowlitz	2	0.0	121	0.2					2	0.0	121	0.2
Douglas					2	0.5	14	0.7	2	0.5	14	0.7
Ferry					8	4.5	10	0.5	8	4.5	10	0.5
Franklin					10	0.5	52	1.8	10	0.5	52	1.8
Garfield							1	0.0			1	0.0
Grant					17	2.8	46	0.3	17	2.8	46	0.3
Grays Harbor	13	0.5	59	1.5					13	0.5	59	1.5
Island	1	0.0	18	0.2					1	0.0	18	0.2
Jefferson			12	0.2							12	0.2
King	99	0.3	770	0.4	1	0.0	1	0.0	100	0.3	771	0.4
Kitsap	7	0.1	86	0.5					7	0.1	86	0.5
Kittitas					7	0.6	13	1.5	7	0.6	13	1.5
Klickitat					1	0.0	10	0.8	1	0.0	10	0.8
Lewis	3	0.0	63	0.5			1	0.0	3	0.0	64	0.5
Lincoln							1	0.0			1	0.0
Mason	6	0.5	33	2.5					6	0.5	33	2.5
Okanogan					1	18.0	12	0.3	1	18.0	12	0.3
Pacific	2	0.0	14	0.9					2	0.0	14	0.9
Pend Oreille					1	0.0	3	0.0	1	0.0	3	0.0
Pierce	16	0.1	397	0.9			1	0.0	16	0.1	398	0.9
San Juan	2	1.0	10	0.7					2	1.0	10	0.7
Skagit	9	1.4	102	0.4					9	1.4	102	0.4
Skamania			3	0.0							3	0.0
Snohomish	15	0.0	181	0.3			1	0.0	15	0.0	182	0.3
Spokane					22	0.6	246	0.7	22	0.6	246	0.7
Stevens					5	1.2	26	0.7	5	1.2	26	0.7
Thurston	11	0.6	187	0.8					11	0.6	187	0.8
Wahkiakum			2	0.0							2	0.0
Walla Walla					5	1.0	33	0.2	5	1.0	33	0.2
Whatcom	13	1.4	156	0.8			2	0.0	13	1.4	158	0.8
Whitman					1	0.0	4	0.0	1	0.0	4	0.0
Yakima					20	1.6	104	0.7	20	1.6	104	0.7
<b>TOTAL</b>	<b>234</b>	<b>0.4</b>	<b>2,443</b>	<b>0.6</b>	<b>116</b>	<b>1.5</b>	<b>742</b>	<b>0.7</b>	<b>350</b>	<b>0.8</b>	<b>3,185</b>	<b>0.6</b>

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

**Outcomes:** During this reporting period, counties in the WSH catchment area took 0.4 and 0.6 days (for evaluation referrals and restoration referrals, respectively) to get completed referral packets to WSH. Counties in the ESH catchment area took 1.5 and 0.7 days respectively. These numbers have fluctuated over many reporting cycles. For WSH, this year’s changes were both improvements, and for ESH, this year’s changes were mixed.

**Drivers:** Both ESH and WSH have experienced significant impacts on operations due to external factors such as the delayed receipt of client documents from external sources. Typically, counties in ESH’s catchment area experience greater challenges in the timely distribution of referral packets to ESH, which can cause delays in the timely processing of referrals. During this reporting period, many counties provided completed referral packets to the state hospital in one day or less, which helps to minimize delays.

**Table 7:** Describes the number of days counties took to complete a referral for outpatient competency services from order signature to the time the county forwarded all documents necessary for a complete referral. Outpatient competency services are categorized by defendant’s status of in custody (labeled as Jail) or in the community (labeled as PR).

**TABLE 7: Number of Outpatient Competency Evaluation Orders Received and Average Number of Days from Signature to All Documents Received**  
*By County, Hospital, and Order Type*

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA – Forensic Data System, Date: 10/22/2025.  
 10/1/24 to 9/30/25

County	Western State Hospital				Eastern State Hospital				Total			
	JAIL		PR <sup>1</sup>		JAIL		PR <sup>1</sup>		JAIL		PR <sup>1</sup>	
	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received
Adams					14	1.8	7	10.0	14	1.8	7	10.0
Asotin			1	12.0	30	0.4	6	7.5	30	0.4	7	8.1
Benton					126	0.8	48	0.6	126	0.8	48	0.6
Chelan					88	1.3	51	5.5	88	1.3	51	5.5
Clallam	82	1.1	19	0.9					82	1.1	19	0.9
Clark	482	1.0	137	1.4					482	1.0	137	1.4
Columbia					4	0.3			4	0.3		
Cowlitz	192	0.4	65	0.5					192	0.4	65	0.5
Douglas					14	2.5	9	3.7	14	2.5	9	3.7
Ferry					1	36.0	1	0.0	1	36.0	1	0.0
Franklin					73	1.3	26	2.3	73	1.3	26	2.3
Garfield							1	33.0			1	33.0
Grant					40	1.7	19	2.1	40	1.7	19	2.1
Grays Harbor	101	1.0	20	1.4					101	1.0	20	1.4
Island	44	1.1	16	1.0					44	1.1	16	1.0
Jefferson	20	0.6	2	0.5					20	0.6	2	0.5
King	2,240	0.4	947	1.0					2,240	0.4	947	1.0
Kitsap	176	0.4	62	0.6					176	0.4	62	0.6
Kittitas					39	1.4	27	10.8	39	1.4	27	10.8
Klickitat	12	1.7					1	8.0	12	1.7	1	8.0
Lewis	189	0.6	26	0.2					189	0.6	26	0.2
Lincoln					7	0.0	5	8.8	7	0.0	5	8.8
Mason	76	1.6	34	2.9					76	1.6	34	2.9
Okanogan					30	1.5	17	5.8	30	1.5	17	5.8
Pacific	18	0.2	2	1.0					18	0.2	2	1.0
Pend Oreille					6	0.0	6	27.8	6	0.0	6	27.8
Pierce	793	0.8	192	1.4					793	0.8	192	1.4

County	Western State Hospital				Eastern State Hospital				Total			
	JAIL		PR <sup>1</sup>		JAIL		PR <sup>1</sup>		JAIL		PR <sup>1</sup>	
	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received
San Juan	12	0.3	9	0.3					12	0.3	9	0.3
Skagit	117	0.8	51	3.6					117	0.8	51	3.6
Skamania	9	0.2	1	0.0					9	0.2	1	0.0
Snohomish	507	0.5	183	3.6					507	0.5	183	3.6
Spokane			1	1.0	406	1.2	225	4.6	406	1.2	226	4.6
Stevens					39	0.9	27	2.4	39	0.9	27	2.4
Thurston	302	0.7	113	2.1					302	0.7	113	2.1
Wahkiakum	11	0.5	1	7.0					11	0.5	1	7.0
Walla Walla					58	3.1	21	1.9	58	3.1	21	1.9
Whatcom	252	1.7	75	2.8					252	1.7	75	2.8
Whitman					4	0.0	1	7.0	4	0.0	1	7.0
Yakima					219	2.3	63	3.3	219	2.3	63	3.3
<b>TOTAL</b>	<b>5,635</b>	<b>0.7</b>	<b>1,957</b>	<b>1.5</b>	<b>1,198</b>	<b>1.5</b>	<b>561</b>	<b>4.6</b>	<b>6,833</b>	<b>0.8</b>	<b>2,518</b>	<b>2.2</b>

<sup>1</sup> In this report, the term PR (Personal Recognizance) includes all client statuses where an individual is not in jail while waiting for forensic services. These statuses include in the community on PR, in custody of the DOC, out of jail while in custody, admitted in a State Hospital, or admitted in a Behavioral Health and Treatment Center.

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

**Outcomes:** Counties in the WSH catchment area took, on average, 0.7 days to complete a jail-based referral, and 1.5 days to complete a PR referral. Counties in the ESH catchment area took, on average, 1.5 days to complete a jail-based referral, and 4.6 days to complete a PR referral.

**Drivers:** For this reporting period, the time to complete a referral packet in the WSH catchment area declined for both jail-based referrals and for PR referrals. In ESH's catchment area, the time to complete a jail-based referral increased, and the time to complete PR referrals increased by nearly three days per case on average. In both the WSH and ESH catchment areas, PR referrals take longer for counties to complete than Trueblood jail-based referrals. There is less immediate pressure on non-Trueblood referrals, and ongoing high levels of demand for Trueblood competency services leads to workload prioritization.



**Table 8:** Describes the number of outpatient restoration orders received and the average days from signature to referral completion by county, hospital, and order type.

**TABLE 8: Number of Outpatient Competency Restoration Orders Received and Average Number of Days from Signature to All Documents Received**

*By County, Hospital, and Order Type*

DATA SOURCE: DSHS Research and Data Analysis, Data Source: BHHA - Forensic Data System, Date: 10/22/2025.

10/1/24 to 9/30/25

County	Statewide Outpatient Competency Restoration				County	Statewide Outpatient Competency Restoration			
	JAIL		PR <sup>1</sup>			JAIL		PR <sup>1</sup>	
	Court orders received	Average days to all documents received	Court orders received	Average days to all documents received		Court orders received	Average days to all documents received	Court orders received	Average days to all documents received
Adams	1	0.0			Lewis			1	0.0
Asotin					Lincoln				
Benton					Mason	2	0.0	4	6.0
Chelan					Okanogan				
Clallam			8	3.1	Pacific				
Clark	10	0.0	10	1.0	Pend Oreille			1	0.0
Columbia					Pierce	8	0.3	20	3.0
Cowlitz					San Juan				
Douglas					Skagit			2	1.0
Ferry					Skamania				
Franklin					Snohomish				
Garfield					Spokane	2	1.0	4	1.3
Grant					Stevens			1	1.0
Grays Harbor					Thurston	8	0.0	21	3.0
Island					Wahkiakum				
Jefferson			1	0.0	Walla Walla				
King	20	0.6	60	3.4	Whatcom			2	0.0
Kitsap	1	0.0	7	0.4	Whitman				
Kittitas			1	0.0	Yakima				
Klickitat					<b>TOTAL</b>	<b>52</b>	<b>0.3</b>	<b>143</b>	<b>2.7</b>

<sup>1</sup> In this report, the term PR (Personal Recognizance) includes all client statuses where an individual is not in jail while waiting for forensic services. These statuses include in the community on PR, in custody of the DOC, out of jail while in custody, admitted in a State Hospital, or admitted in a Behavioral Health and Treatment Center.

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

Table 8 above shows clients referred to OCRP directly from jail as well as those referred to OCRP from a community-based personal recognizance status. The data may also include the few referrals received from courts in counties not yet eligible to refer defendants to OCRP.

**Outcomes:** The Outpatient Competency Restoration Programs operated by HCA and their contractors, have operated in the three Trueblood Phase 1 regions consisting of 10 counties for more than five years. Phase 3 initially opened two new OCRP programs in the Thurston/Mason and Salish regions, which have operated for more than one year. In August 2025, a third OCRP program opened in the Phase 3 regions. As a result, OCRP now actively serves six of Washington state’s 10 Behavioral Health Administrative Services Organizations and 16 of our 39 counties. OCRP demand for class members and clients on PR continues to increase year-over-year. Class member orders and PR orders nearly doubled in FY 25 as compared to FY 24.

Drivers: The department, HCA, and our external partners continue to learn and apply lessons to improve current and future OCRP programming. Continued outreach and education with the criminal court system and other stakeholders is a critical piece of awareness being worked on to drive use of OCRP in the Phase 1, 2, and 3 regions.

Forensic navigators, as officers of the court, inhabit an important role and are in a unique position to encourage the criminal courts to consider less restrictive treatment environments than hospitalization, when appropriate. Frequently, due to case movement within the court systems, and concerns from defense attorneys, forensic navigators are prevented from meeting with clients, preparing recommended services plans, and determining which clients are suitable for diversion, treatment step down, and OCRP instead of commitment at the state hospitals. While new orders for restoration in a community-based OCRP setting have nearly doubled over the reporting period, greater capacity remains within the 16 Trueblood phased counties to place appropriate clients in OCRP, keeping them close to their communities and allowing them to use the needed community supports for ongoing success.

### **Section 3: Actions Taken**

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, 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 as well as data management and resource allocation, training and certification of evaluators, 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 (1) building workforce and addressing staffing challenges, (2) expanding bed capacity, and (3) decreasing demand for competency services. Below are the key actions that occurred during this period to decrease wait times.

#### **Building workforce and addressing staffing challenges**

BHHA 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. Implementing new policies and practices to attract and retain passionate, talented staff remains critical to success, and BHHA has continued this critical focus over the last several fiscal years. While there have been some staffing successes, even with the successful actions mentioned above, BHHA continues to face high vacancy rates in several critical patient-centered job classes. As of Oct. 1, 2025 vacancies in these classes now range between 9-39 percent. The ability to maintain current restoration capacity is challenging at times, while staffing new facilities' capacity remains very challenging.

Even with the state's budget crisis, the 2025 Legislature continued investments in staff retention measures. These investments include:

- Most employees received a three-percent cost of living adjustment effective July 1, 2025.
- Effective July 1, 2026, most employees are scheduled to receive an additional two-percent cost of living adjustment.
- Forensic Evaluators had their range increase by two salary bands by July 1, 2025.

## Expanding bed capacity

In the FY 2025 annual reporting period, the following beds came online or were funded for capital construction:

- Cascade Unit at the BHHA's Maple Lane Campus opened 30 NGRI beds in early July 2024. Cascade Unit previously served Trueblood class members as a temporary BHTC for forensic competency restoration patients. The Settlement Agreement required the BHTC's closure to class members on or before July 1, 2024.
- Construction on Brockmann Unit's 48 bed campus was completed in FY 2025; however, due to state budget funding constraints, warm closure of the campus was funded in lieu of operations.
- The Maple Lane Campus' Baker Unit was under renovation during FY 2025. The Unit is scheduled to open in fall 2025 with 32 beds for civil conversion patients.
- Capital construction is underway on the new 350-bed forensic hospital on WSH's campus. Construction remains on track to finish in 2027 with patients accepted into the hospital in 2028.

## Decreasing demand for competency services

Phase 3 implementation of the Forensic Navigator program and OCRP began in July 2023. Programming expanded to two additional BHASO regions: Thurston/Mason and Salish. By early 2024, forensic navigators became operational in the new regions, and a new program, the Diversion Navigator program, was added and implemented in all three of our Trueblood phased regions covering 16 counties. Diversion navigators work to intervene early with defendants who find themselves frequently returning for repeat competency evaluations within a relatively short period of time. Phase 3 OCRP services began accepting clients in the new regions during Q3 2024. A third Phase 3 OCRP began services in August 2025. Over FY 25, enrollment in OCRP has grown significantly. Typically, 50-60 clients are enrolled at any time, which diverts class members and potential class members from using inpatient beds at a state facility.

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 people 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 people 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 clients' 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 fully implemented their suite of services for all three of the Trueblood phased regions. These programs pair ideally with Forensic Navigator services and with OCRP.

## Next Steps

Trueblood implementation for Phases 1, 2, and 3 of the Contempt Settlement Agreement is now complete, and they are now in the maintenance phase. Phase 4 implementation began on July 1, 2025. 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 bolster the new programs implemented during the Phases 1-3 implementation periods. Through adding program resources during Phase 4, OFMHS' seeks to better serve our clients. A key area for OFMHS' work is to identify and develop programs with community stakeholders to reduce the demand of competency services. The desired outcomes will reduce competency evaluation referrals by liaising with prosecutor's offices, pre-trial services, and jails. Assessment and referral services, care management, medication management and monitoring, and intensive supports will factor into these programs as well.

The Trueblood Contempt Settlement Agreement’s Phase 1 funded activities began in earnest on July 1, 2019 coinciding with the state’s 2019-2021 budget biennium. The 2019-2020 and 2020-2021 annual reporting periods covered implementation of several new programs that have improved OFMHS’ and its partners abilities to deliver forensic mental health services to our constituencies. Phase 2 final implementation plan activities were funded by the Legislature beginning with the new budget biennium on July 1, 2021, which allowed expansion of Phase 1 programs into the King region. The 2021-2022 reporting period saw implementation of most Phase 2 programming in the King region. The 2022-2023 reporting period reviewed final implementation of most remaining Phase 2 programming in the King region, and the first quarter of Phase 3 implementation in the Thurston/Mason and Salish regions (Clallam, Jefferson, and Kitsap counties). The 2023-2024 reporting period covered the ongoing implementation period for Phase 3 of the Settlement Agreement’s activities that began July 2023, and the 2024-2025 annual report covered the remaining Phase 3 implementation period as well as Q1 of the Phase 4 implementation period.

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

## Summary

The department continues working to meet compliance standards set out by the Court and Legislature. Beginning in early 2024, and continuing over the last two years, OFMHS’ has been compliant regularly with several critical compliance standards, for the first time, and the department has worked to ensure sustained, ongoing compliance. OFMHS continues to work on what impacts can be made with regard to (1) decreasing demand (referrals), (2) increasing bed capacity, (3) increasing throughput (quicker turn-over in hospitals), and (4) managing in-custody evaluations to ensure compliance can be maintained. The department remains vigilant to potential emerging threats on our ability to maintain and increase compliance with critical standards, while our system continues to manage a nationwide labor shortage and its impacts on critical patient-centered positions. The department remains focused on creative, out-of-the-box solutions to attract and retain the talented people necessary to continue implementing systemic improvements.



