Cassie Cordell Trueblood, et al., v. Washington State Department of Social and Health Services, et al.
Case No. C14-1178 MJP
FINAL Monthly Report to the Court Appointed Monitor

May 31, 2018

Behavioral Health Administration
Office of Forensic Mental Health Services
PO Box 45050
Olympia, WA 98504-5050
(360) 725-2260
Fax: (360) 407-0304

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BACKGROUND

On April 2, 2015, the Court ordered the Department of Social and Health Services (DSHS) to file monthly reports with the *Trueblood* Court Monitor on efforts to comply with Court orders to provide timely competency evaluation and restoration services to Class Members. This monthly report is submitted May 31, 2018 and covers the events of April, 2018. This report also provides status updates on additional court order requirements.

On April 2, 2015, the Court ordered:
"Defendants shall file a report with the Monitor on the fifth day of every month, which shall include:

> *(1) the number of days between when a court ordered provision of competency services and when provision was completed, for each person ordered to receive competency services during the previous month;*
> *(2) data regarding the number of evaluators, bed capacity, physicians, and other resources needed to provide timely competency services;*
> *(3) the steps taken in the previous months to implement this order;*
> *(4) when and what results are intended to be realized by each of these steps;*
> *(5) the results realized in the previous month;*
> *(6) the steps planned to be taken in the following month;*
> *(7) certification by Defendants that they are fully compliant with all deadlines that became due in the previous month;*
> *(8) Defendants' estimate for when the wait times will reach seven days or less, and all data relied on in making that estimate; and*
> *(9) any other information the Monitor informs Defendants is necessary for the Monitor to fully review Defendants' actions and advise the Court."*

The April, 2015 order was modified on February 8, 2016. Additional orders were issued on July 7, 2016, August 15, 2016, and April 26, 2017. Status updates on these orders requiring narrative in this report begin on page 38.

This report provides the Class Member data for competency services displayed in two periods; March 1, 2018 – March 31, 2018 and April 1, 2018 – April 30, 2018. The March data are considered "mature" and the April data are a "first look" data set. April, 2015 is the baseline month for data analysis.

Specific Class Member evaluation and restoration information is included in the appendices to this report.

CLASS MEMBER STATUS SUMMARY INFORMATION

Analysis of Mature Data: April 1, 2015 through March 31, 2018 (see appendix A-G)
Note: These data are based on number of days from signature and not the new timeframes as described in the April 26, 2017 Court Order.

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

- Average monthly jail-based evaluation orders signed for April 2015-March 2018
  - WSH: 217.3
  - ESH: 51.7
  - Both hospitals: 269.0
- Average monthly inpatient evaluation orders signed for April 2015-March 2018
  - WSH: 18.1
  - ESH: 7.5
  - Both hospitals: 25.6
- Average monthly restoration orders signed for April 2015-March 2018
  - WSH: 82.8
  - ESH: 14.4
  - Both hospitals: 97.3

Summary Points Related to Orders and Timeliness Based on Mature March Data (A-G appendix)

Orders:

- The number of jail-based evaluation orders at WSH rose to 269 in March from 235 the previous month, which is well above the 217.3 average, and is also higher than the year-over-year number. ESH saw an increase to 75 orders from 65 the previous month, which is significantly higher than the 51.7 average. Combined, the hospitals received 344 orders in March, which is well above the 269.0 average.
- WSH received 12 inpatient evaluation orders which is well below the 18.1 average. ESH had 13 inpatient evaluation orders, which is nearly double the 7.5 average. Orders at both sites totaled 25 which is right at the 25.6 average.
- WSH received 104 restoration orders which is well above the 82.8 average. ESH had 18 orders which is also above the 14.4 average. There were 122 restoration orders across both hospitals which is well above the 97.3 average.

Wait Times:

- Regarding jail-based 14 day evaluation completion times, WSH is at 9.0 days on average from order to completion and ESH is averaging 11.9 days. The combined average is 9.7 days.
- The average inpatient evaluation admission wait times at WSH is 44.1 days. ESH average is at 14.9 days. The combined average is 35.2 days.
- Restoration admission wait times at WSH is 45.8 days on average. The ESH average is 14.4 days. The combined average is 41.8 days.

Timeliness:

- At both hospitals combined, overall timeliness for jail-based evaluation completion is at a 71% completion rate within 14 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient evaluation admissions is at a 13% completion rate within 7 days from receipt of order.
- At both hospitals combined, overall timeliness for inpatient restoration admissions is at a 9% completion rate within 7 days.

Outlier Cases (Mature)

The monthly outlier population cases have been defined by the court monitor as:
* Population from the mature data month.
* Evaluations: incomplete status and waiting more than 20 days for an evaluation (In-Jail or Inpatient), by the end of the reporting period.
* Restorations: incomplete status and waiting more than 40 days for restoration services (Inpatient), by the end of the reporting period.
* Wait times for Inpatient services are measured from order to admission, not completion of the evaluation or restoration services.

Type	Number of referrals:	Minimum Number of days between order signed and end of reporting period	Maximum Number of days between order signed and end of reporting period
In-Jail Evaluations:	3	22	45
Inpatient Evaluations:	11	24	68
Inpatient Restorations (Misdemeanor):	9	43	66
Inpatient Restorations (Felony):	48	43	109

SUMMARY OF DELAY REASONS FOR IN-JAIL EVALUATIONS	
REASONS FOR DELAY IN DATABASE	**OUTLIER CASES**
Attorney scheduling conflict	1
Change in status from PR to JH or JH to PR	0
Client released from custody/jail	0
Defendant would not cooperate or would not participate without attorney	2
Good Cause Extension Needed	0
Interpreter scheduling conflicts	0
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	0
No Reason Listed (cell was left blank)	0
Other	0
TOTAL:	**3**

SUMMARY OF DELAY REASONS FOR INPATIENT EVALUATIONS AND RESTORATIONS	
REASONS FOR DELAY IN DATABASE	**OUTLIER CASES**
Bed Availability	67
Change in status from PR to JH or JH to PR	0
Client released from custody/jail	0
Late receipt of order or discovery availability delay	0
Medical Record/Collateral Information	0
No Reason Listed (cell was left blank)	0
Other	1
TOTAL:	**68**

CLASS MEMBER STATUS DATA TABLES (See APPENDICES H-L "First Look" April)

TABLE 1a. Class Member Status Western State Hospital – Jail-based Competency Evaluations

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 14 days from receipt of order[2,3]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation - 7 day compliance	Apr-15	177	1.3	0.0	1.9	1.0	9.5	6.0	14.6	14.0	14%	Not Applicable	Not Applicable
	May-15	182	1.3	0.0	1.6	0.0	11.4	9.0	13.0	11.0	16%		
	Jun-15	210	1.7	0.0	2.1	1.0	10.9	8.0	17.8	15.0	10%		
	Jul-15	228	1.4	0.0	1.8	0.0	12.3	9.0	18.4	17.0	6%		
	Aug-15	170	1.9	0.0	2.2	0.0	13.4	11.0	20.7	20.0	7%		
	Sep-15	193	1.6	0.0	1.7	0.0	11.7	8.0	17.6	16.0	10%		
	Oct-15	189	1.9	0.0	2.0	0.0	16.7	15.0	16.4	15.0	19%		
	Nov-15	160	1.8	0.0	1.9	0.0	18.0	13.0	16.0	14.0	28%		
	Dec-15	194	1.6	0.0	1.7	0.0	13.7	8.5	15.5	14.0	14%		
	Jan-16	179	1.3	0.0	1.2	0.0	15.6	9.0	13.3	12.0	28%		
	Feb-16	205	0.6	0.0	0.6	0.0	6.6	5.0	10.0	8.0	45%		
	Mar-16	222	0.7	0.0	0.8	0.0	6.1	3.0	8.9	7.0	59%		
	Apr-16	201	0.8	0.0	0.8	0.0	6.1	5.0	9.0	7.0	57%		
	May-16	212	0.7	0.0	0.8	0.0	6.4	5.0	9.6	7.5	50%		
	Jun-16	219	0.9	0.0	0.9	0.0	7.5	6.5	10.8	8.0	31%		
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days from order signature date[2]	within 14 days from receipt of order[2,3]	within 14 days from receipt of order or 21 days from order signature date[2,3]
	Jul-16	227	0.7	0.0	0.8	0.0	9.4	6.0	12.2	9.0	47%	Not Applicable	Not Applicable
	Aug-16	231	0.8	0.0	0.9	0.0	7.6	6.0	13.1	11.0	51%		
	Sep-16	256	0.6	0.0	0.8	0.0	6.7	7.0	12.5	11.0	45%		
	Oct-16	236	0.5	0.0	0.9	0.0	8.1	6.0	13.0	12.0	50%		
	Nov-16	207	1.3	0.0	1.9	0.0	10.1	8.5	13.3	13.0	47%		
	Dec-16	190	1.2	0.0	1.7	0.0	8.8	9.0	13.3	13.0	56%		
	Jan-17	199	0.8	0.0	1.1	0.0	8.4	7.0	13.0	12.0	47%		
	Feb-17	181	1.2	0.0	1.6	0.0	7.4	5.0	12.1	12.0	56%		
	Mar-17	253	1.1	0.0	1.4	0.0	5.7	3.0	10.7	9.0	62%		
	Apr-17	213	0.6	0.0	0.8	0.0	8.2	5.0	10.8	9.5	63%		
	May-17	259	0.3	0.0	0.5	0.0	8.5	8.0	11.3	10.0	57%	58%	58%
	Jun-17	274	0.2	0.0	0.6	0.0	6.3	4.0	13.7	13.0	40%	40%	40%
	Jul-17	220	0.3	0.0	0.5	0.0	8.9	7.0	13.8	14.0	48%	49%	49%
	Aug-17	272	0.6	0.0	0.9	0.0	5.6	3.0	12.6	11.0	54%	55%	56%
	Sep-17	236	0.4	0.0	0.8	0.0	7.2	5.0	11.9	11.0	54%	54%	55%
	Oct-17	256	0.5	0.0	0.9	0.0	7.9	6.0	12.6	11.0	52%	53%	53%
	Nov-17	262	0.6	0.0	0.9	0.0	5.3	3.0	10.6	10.0	69%	69%	70%
	Dec-17	180	0.5	0.0	0.8	0.0	5.8	4.0	9.7	9.0	70%	70%	71%
	Jan-18	227	0.4	0.0	0.5	0.0	4.7	5.0	9.0	8.5	69%	69%	69%
	Feb-18	235	0.6	0.0	0.7	0.0	3.6	2.0	8.9	9.0	75%	75%	76%
	Mar-18	270	0.6	0.0	0.7	0.0	4.7	4.0	9.0	9.0	76%	76%	76%
	Apr-18	**251**	**0.5**	**0.0**	**0.5**	**0.0**	**6.8**	**6.0**	**9.9**	**10.0**	**78%**	**79%**	**79%**

Data Notes: See Appendix H

TABLE 1b. Class Member Status Western State Hospital – Inpatient Competency Services

WESTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 7 days from receipt of order[2,3]	Percent completed within 7 days from receipt of order or within 14 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	Apr-15	10	5.8	1.0	5.8	1.0	10.7	7.0	22.2	18.0	22%	Not Applicable	Not Applicable
	May-15	9	2.9	2.0	2.9	2.0	11.4	13.0	18.9	20.0	8%		
	Jun-15	9	3.0	1.0	3.0	1.0	14.0	12.0	12.3	15.0	25%		
	Jul-15	14	3.5	1.0	3.5	1.0	16.6	9.0	14.8	15.0	20%		
	Aug-15	14	4.5	1.0	4.5	1.0	10.0	11.0	25.5	17.0	7%		
	Sep-15	14	2.6	1.0	2.6	1.0	15.1	16.0	19.7	20.0	11%		
	Oct-15	15	1.5	1.0	1.5	1.0	19.0	19.0	23.6	22.0	0%		
	Nov-15	15	1.7	1.0	1.7	1.0	14.1	12.0	23.9	22.0	6%		
	Dec-15	11	4.1	1.0	4.1	1.0	13.1	12.0	22.2	27.0	10%		
	Jan-16	13	4.0	1.0	3.8	1.0	12.2	11.0	24.7	23.0	0%		
	Feb-16	21	4.4	1.0	4.4	1.0	10.7	8.5	17.1	15.5	8%		
	Mar-16	25	3.1	1.0	3.1	1.0	6.8	7.0	15.5	14.0	10%		
	Apr-16	20	1.1	0.0	1.1	0.0	8.6	8.5	18.6	17.5	6%		
	May-16	18	1.7	1.0	1.7	1.0	9.5	6.0	18.9	21.0	16%		
	Jun-16	16	3.4	1.0	3.4	1.0	11.8	7.5	25.0	26.0	0%		
	Jul-16	21	4.7	2.0	4.7	2.0	7.5	4.0	17.3	14.5	6%		
	Aug-16	33	2.8	1.0	2.8	1.0	13.1	13.0	14.1	13.5	13%		
	Sep-16	23	2.5	1.0	2.5	1.0	14.0	14.0	15.2	14.0	11%		
	Oct-16	25	1.4	0.0	1.4	0.0	18.0	18.0	23.4	22.0	5%		
	Nov-16	22	1.2	0.0	1.2	0.0	22.0	22.5	29.9	32.0	5%		
	Dec-16	20	2.9	0.0	2.8	0.0	16.9	19.5	26.5	30.0	14%		
	Jan-17	15	2.5	0.0	2.5	0.0	17.3	20.0	22.2	14.0	22%		
	Feb-17	20	2.4	0.0	2.4	0.0	16.3	13.0	15.0	11.5	13%		
	Mar-17	26	1.6	0.0	2.0	0.0	11.5	15.0	23.6	27.0	6%		
	Apr-17	28	0.7	0.0	1.0	0.0	13.2	11.0	26.1	27.5	0%		
	May-17	28	2.1	0.0	2.1	0.0	22.6	20.0	27.6	34.0	7%	7%	7%
	Jun-17	21	2.1	0.0	2.1	0.0	30.1	31.0	36.6	42.0	6%	6%	6%
	Jul-17	16	0.9	0.0	0.9	0.0	32.9	30.0	42.4	48.0	10%	10%	10%
	Aug-17	28	0.7	0.0	0.7	0.0	16.5	11.5	40.6	51.0	9%	9%	9%
	Sep-17	22	0.3	0.0	0.3	0.0	27.8	31.0	32.3	36.0	7%	7%	7%
	Oct-17	16	2.3	0.0	2.5	0.0	33.0	34.0	38.4	49.0	10%	10%	10%
	Nov-17	15	1.4	0.0	1.6	0.0	31.8	27.0	50.5	48.0	0%	0%	0%
	Dec-17	16	4.2	0.5	4.2	0.5	31.4	32.0	43.5	50.0	8%	8%	8%
	Jan-18	16	3.2	0.5	3.2	0.0	33.2	31.0	48.4	60.5	5%	5%	5%
	Feb-18	6	4.9	0.0	4.9	0.0	40.6	41.0	55.2	62.0	7%	7%	7%
	Mar-18	12	2.0	0.0	2.0	0.0	31.8	25.0	44.1	61.5	17%	17%	17%
	Apr-18	**10**	**2.1**	**0.0**	**2.1**	**0.0**	**24.3**	**21.0**	**59.9**	**64.0**	**0%**	**0%**	**0%**
Inpatient Restoration[4]	Apr-15	60	1.8	1.0	1.8	1.0	37.2	16.0	38.6	44.0	24%	Not Applicable	Not Applicable
	May-15	59	1.8	1.0	2.1	1.0	35.9	19.0	26.2	15.0	25%		
	Jun-15	62	1.7	1.0	2.1	1.0	16.8	8.0	34.2	25.0	7%		
	Jul-15	77	1.7	1.0	2.1	1.0	16.1	10.0	20.8	15.0	25%		
	Aug-15	61	2.1	1.0	2.1	1.0	22.5	19.0	23.6	33.0	24%		
	Sep-15	95	1.7	1.0	2.0	1.0	24.3	15.0	23.0	14.0	26%		
	Oct-15	73	1.8	1.0	2.1	1.0	21.2	23.0	32.1	45.0	20%		
	Nov-15	55	1.2	1.0	1.4	1.0	31.9	28.0	33.5	47.0	24%		
	Dec-15	65	1.5	1.0	2.0	1.0	27.3	22.0	39.0	48.0	19%		
	Jan-16	61	2.7	0.0	2.9	0.0	29.2	18.5	33.6	44.0	23%		
	Feb-16	66	2.7	1.0	3.3	1.0	24.2	21.0	33.1	41.0	14%		
	Mar-16	81	2.0	0.0	2.5	0.0	25.9	27.0	28.3	21.0	30%		
	Apr-16	68	1.9	0.0	2.2	0.0	23.5	20.5	37.4	46.0	13%		
	May-16	68	1.7	0.0	2.0	0.0	23.1	21.5	29.0	24.5	25%		
	Jun-16	71	1.4	0.0	1.5	0.0	22.1	17.0	26.6	22.0	11%		
	Jul-16	67	1.7	0.0	1.7	0.0	11.8	6.0	21.8	18.0	14%		
	Aug-16	95	1.5	0.0	1.7	0.0	12.3	13.0	13.1	10.0	24%		
	Sep-16	104	1.6	0.0	1.7	0.0	14.4	11.0	16.8	14.0	13%		
	Oct-16	76	1.3	0.0	1.3	0.0	25.2	25.0	21.5	17.5	10%		
	Nov-16	81	1.5	0.0	1.5	0.0	24.3	20.5	28.1	16.5	13%		
	Dec-16	98	1.5	0.0	1.6	0.0	26.8	23.0	24.3	15.0	11%		
	Jan-17	87	1.9	0.0	1.9	0.0	25.5	21.0	28.8	19.0	16%		
	Feb-17	95	1.7	1.0	1.7	1.0	21.8	19.0	28.5	17.0	16%		
	Mar-17	109	1.5	0.0	1.5	0.0	23.9	21.0	33.2	20.0	13%		
	Apr-17	80	1.1	0.0	1.1	0.0	26.7	23.0	34.2	27.0	5%		
	May-17	103	1.4	0.0	1.4	0.0	27.0	22.0	31.8	26.0	11%	11%	11%
	Jun-17	98	1.9	0.0	1.9	0.0	27.9	22.0	27.8	21.0	11%	12%	12%
	Jul-17	102	1.5	0.0	1.5	0.0	24.2	18.0	35.3	19.0	9%	9%	10%
	Aug-17	108	0.8	0.0	0.8	0.0	28.4	27.0	26.1	15.0	13%	14%	14%
	Sep-17	97	0.8	0.0	0.8	0.0	29.1	23.0	35.3	25.0	10%	10%	10%
	Oct-17	107	0.8	0.0	0.8	0.0	34.3	28.5	32.2	24.0	13%	13%	13%
	Nov-17	92	1.6	0.0	1.6	0.0	38.1	34.5	38.8	39.0	13%	13%	13%
	Dec-17	84	1.6	0.0	1.6	0.0	43.8	34.0	37.7	35.0	12%	12%	12%
	Jan-18	78	1.0	0.0	0.9	0.0	44.9	42.0	52.2	44.0	5%	6%	6%
	Feb-18	95	1.1	0.0	1.0	0.0	39.0	27.0	47.3	34.0	7%	8%	8%
	Mar-18	104	1.1	0.0	1.1	0.0	35.8	30.0	45.8	27.5	9%	10%	10%
	Apr-18	**121**	**0.9**	**0.0**	**0.9**	**0.0**	**30.9**	**26.0**	**47.6**	**46.5**	**8%**	**9%**	**9%**

Data Notes: See Appendix H

TABLE 2a. Class Member Status Eastern State Hospital – Jail-based Competency Evaluations

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 14 days from receipt of order[2,3]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation - 7 day compliance	Apr-15	32	4.6	1.0	8.6	5.0	28.1	28.0	61.3	57.0	0%	Not Applicable	Not Applicable
	May-15	27	4.3	1.0	8.8	6.0	37.0	33.0	56.9	57.0	0%		
	Jun-15	30	4.1	1.0	8.3	6.0	38.0	39.0	65.6	64.0	0%		
	Jul-15	31	4.2	1.0	8.9	6.0	32.6	30.0	66.5	64.0	0%		
	Aug-15	22	2.4	1.0	6.4	5.0	33.4	32.0	57.7	56.0	3%		
	Sep-15	48	2.3	1.0	4.9	4.0	29.1	14.0	53.5	55.0	3%		
	Oct-15	30	1.9	0.0	4.9	4.0	16.4	10.0	39.5	40.0	3%		
	Nov-15	36	1.8	0.0	5.9	5.0	28.3	26.0	47.4	49.0	0%		
	Dec-15	42	1.7	0.0	3.2	1.0	21.7	18.0	38.7	35.0	3%		
	Jan-16	42	4.7	0.0	7.4	1.0	13.4	9.0	36.6	27.5	10%		
	Feb-16	39	1.4	0.0	2.0	1.0	10.4	6.0	15.5	12.0	25%		
	Mar-16	67	1.4	0.0	1.3	1.0	11.8	8.0	12.6	10.0	16%		
	Apr-16	39	1.4	0.0	1.7	0.0	11.0	6.5	14.5	12.0	11%		
	May-16	51	2.0	0.0	2.3	0.0	13.7	8.0	15.0	11.5	16%		
	Jun-16	63	1.4	0.0	1.6	0.0	8.2	7.0	14.1	13.0	7%		
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days from order signature date[2]	within 14 days from receipt of order[2,3]	within 14 days from receipt of order or 21 days from order signature date[2,3]
	Jul-16	54	2.0	0.5	2.2	1.0	11.3	9.0	16.0	14.0	32%	Not Applicable	Not Applicable
	Aug-16	73	0.9	0.0	1.1	0.0	6.3	6.0	14.4	14.0	38%		
	Sep-16	56	0.9	0.0	0.9	0.0	9.6	7.5	14.2	14.0	58%		
	Oct-16	59	1.0	0.0	1.3	0.0	9.1	10.0	14.9	14.0	42%		
	Nov-16	33	1.3	0.0	1.5	0.0	11.0	9.0	12.6	12.0	58%		
	Dec-16	62	0.6	0.0	0.9	0.0	7.3	9.0	10.2	10.0	64%		
	Jan-17	58	1.0	0.0	1.0	0.0	6.6	5.5	11.5	10.5	41%		
	Feb-17	52	1.1	0.0	1.7	1.0	9.3	6.0	14.0	14.0	32%		
	Mar-17	60	0.6	0.0	0.9	0.0	6.0	4.0	11.4	10.0	67%		
	Apr-17	48	0.4	0.0	0.6	0.0	7.6	5.5	10.7	9.0	61%		
	May-17	68	0.7	0.0	1.1	0.0	11.0	7.0	11.5	11.0	60%	62%	62%
	Jun-17	70	1.6	0.0	1.6	0.0	7.6	4.0	12.7	10.0	49%	55%	55%
	Jul-17	54	2.0	0.0	2.3	0.0	11.8	6.0	13.1	12.0	56%	60%	62%
	Aug-17	73	0.7	0.0	0.9	0.0	4.6	2.0	12.2	9.0	56%	59%	59%
	Sep-17	50	1.4	0.0	1.9	1.0	9.9	8.5	12.3	10.0	53%	55%	55%
	Oct-17	62	1.4	0.0	2.0	1.0	7.4	5.0	11.1	10.0	60%	61%	61%
	Nov-17	64	1.3	0.0	2.0	1.0	6.9	8.0	11.8	11.0	58%	59%	59%
	Dec-17	52	1.3	0.0	2.3	1.0	11.7	10.0	13.5	10.0	65%	66%	70%
	Jan-18	73	1.1	0.0	1.8	1.0	5.1	6.0	12.7	13.0	61%	64%	64%
	Feb-18	65	0.8	0.0	1.9	1.0	4.9	2.0	10.9	11.0	59%	61%	61%
	Mar-18	75	1.4	0.0	2.3	1.0	10.5	10.0	11.9	12.5	55%	59%	59%
	Apr-18	**52**	**1.7**	**0.0**	**2.2**	**1.0**	**8.8**	**5.0**	**14.0**	**13.0**	**52%**	**54%**	**55%**

Data Notes: See Appendix H

TABLE 2b. Class Member Status Eastern State Hospital – Inpatient Competency Services

EASTERN STATE HOSPITAL		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 7 days from receipt of order[2,3]	Percent completed within 7 days from receipt of order or within 14 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	Apr-15	5	8.9	1.0	13.9	5.0	47.9	43.0	56.3	59.0	0%	Not Applicable	Not Applicable
	May-15	4	10.1	1.0	14.2	5.0	65.8	61.0	69.5	69.5	0%		
	Jun-15	3	7.7	1.0	11.1	5.0	75.2	68.0	89.9	102.0	0%		
	Jul-15	5	7.5	1.0	11.4	5.0	50.9	14.0	91.8	81.0	0%		
	Aug-15	3	10.2	1.0	19.6	5.0	44.5	31.0	78.2	80.0	0%		
	Sep-15	8	6.7	1.0	10.2	4.0	42.6	47.0	32.0	32.0	0%		
	Oct-15	7	2.0	1.0	7.9	6.0	28.9	16.0	61.1	70.0	0%		
	Nov-15	6	2.8	0.0	9.6	7.0	44.2	46.0	49.0	49.0	0%		
	Dec-15	11	2.4	1.0	4.2	2.0	21.1	20.5	83.6	84.0	0%		
	Jan-16	4	5.4	1.0	8.9	2.0	30.9	31.0	52.9	51.0	0%		
	Feb-16	10	12.9	1.0	16.3	2.0	47.5	31.0	50.9	56.0	0%		
	Mar-16	5	15.5	1.0	16.3	1.0	19.2	15.5	69.2	45.0	0%		
	Apr-16	2	4.9	0.5	5.6	1.0	7.5	7.5	44.0	39.0	0%		
	May-16	4	0.3	0.0	0.3	0.0	0.0	0.0	12.5	11.5	50%		
	Jun-16	9	2.5	0.0	2.5	0.0	10.0	9.0	11.4	11.0	13%		
	Jul-16	3	3.1	1.0	3.5	1.0	4.0	4.0	20.2	20.5	14%		
	Aug-16	12	1.2	0.0	1.3	0.0	1.3	1.0	4.9	6.0	100%		
	Sep-16	11	1.6	0.5	1.6	1.0	3.0	3.0	6.5	6.0	73%		
	Oct-16	12	0.7	0.0	0.8	0.0	4.3	4.0	5.6	6.0	69%		
	Nov-16	8	2.0	0.0	1.0	0.0	4.5	4.5	8.1	6.5	60%		
	Dec-16	9	1.7	2.0	1.3	1.0	0.0	0.0	6.6	6.0	64%		
	Jan-17	10	0.4	0.0	0.2	0.0	0.5	0.5	6.9	5.5	50%		
	Feb-17	11	1.3	0.0	1.9	1.0	0.0	0.0	5.8	7.0	42%		
	Mar-17	6	2.0	1.0	2.4	1.0	0.0	0.0	4.8	5.0	83%		
	Apr-17	10	1.1	0.0	1.5	1.0	0.0	0.0	5.2	6.0	82%		
	May-17	6	0.2	0.0	3.0	1.0	0.0	0.0	9.2	9.0	17%	17%	17%
	Jun-17	10	0.3	0.0	2.3	1.0	7.3	7.5	6.5	6.5	40%	40%	40%
	Jul-17	7	3.3	0.0	4.6	2.5	5.0	5.0	11.2	10.0	27%	27%	27%
	Aug-17	9	0.8	0.0	0.9	0.0	9.3	7.0	7.2	7.5	30%	30%	30%
	Sep-17	8	1.3	1.0	3.3	1.0	6.0	3.0	11.8	13.5	25%	25%	25%
	Oct-17	9	0.6	0.0	0.8	1.0	12.0	12.0	13.8	13.0	0%	0%	0%
	Nov-17	5	2.8	0.0	3.8	0.5	1.5	1.5	11.7	8.0	20%	20%	20%
	Dec-17	12	0.2	0.0	1.3	1.0	6.5	6.5	6.5	8.0	42%	50%	50%
	Jan-18	8	0.8	0.5	0.9	0.5	0.0	0.0	5.9	5.5	70%	70%	70%
	Feb-18	5	0.3	0.0	0.4	0.0	7.0	7.0	8.0	8.0	14%	14%	14%
	Mar-18	13	0.6	0.0	1.4	0.0	16.1	15.0	14.9	15.0	6%	6%	6%
	Apr-18	**8**	**1.5**	**0.0**	**1.9**	**0.0**	**12.8**	**9.5**	**18.5**	**17.0**	**0%**	**0%**	**0%**
Inpatient Restoration	Apr-15	7	6.8	1.0	8.1	1.0	25.3	22.0	0.0	0.0	100%	Not Applicable	Not Applicable
	May-15	1	6.3	1.0	7.9	2.0	35.0	41.0	54.7	62.0	0%		
	Jun-15	4	0.6	1.0	1.8	1.0	45.3	39.0	46.0	56.0	20%		
	Jul-15	11	1.3	0.0	4.5	2.0	16.2	11.0	45.3	56.0	33%		
	Aug-15	11	1.6	0.0	5.7	3.0	26.4	27.0	35.5	35.5	50%		
	Sep-15	17	1.5	0.0	4.6	1.0	37.2	35.0	20.4	1.0	57%		
	Oct-15	6	3.2	0.0	6.4	4.0	45.6	37.0	87.4	93.0	0%		
	Nov-15	10	2.4	0.0	4.1	2.0	51.7	48.0	90.8	92.0	0%		
	Dec-15	6	3.8	0.0	4.2	0.5	26.3	20.0	84.7	86.5	0%		
	Jan-16	15	2.3	0.0	2.7	0.0	31.1	19.0	53.8	58.0	25%		
	Feb-16	14	2.0	0.0	2.3	0.0	24.2	24.0	55.8	43.5	0%		
	Mar-16	18	1.1	0.0	1.1	0.0	27.7	23.0	45.2	46.5	0%		
	Apr-16	11	1.5	0.0	1.7	1.0	16.3	11.5	30.4	31.0	0%		
	May-16	19	1.5	0.0	1.6	0.0	10.2	13.0	9.9	7.0	53%		
	Jun-16	19	0.4	0.0	0.4	0.0	7.8	10.0	9.5	9.5	22%		
	Jul-16	11	0.7	0.0	0.7	0.0	2.0	2.0	7.2	5.0	60%		
	Aug-16	7	0.4	0.0	0.4	0.0	0.0	0.0	4.6	5.5	100%		
	Sep-16	21	0.2	0.0	0.2	0.0	1.5	1.5	4.1	5.0	86%		
	Oct-16	19	0.9	0.0	0.9	0.0	4.4	5.0	5.5	5.5	48%		
	Nov-16	18	0.7	0.0	0.7	0.0	13.5	13.5	6.3	7.0	48%		
	Dec-16	12	0.3	0.0	0.3	0.0	15.0	15.0	2.7	2.0	92%		
	Jan-17	19	1.3	0.0	1.3	0.0	1.0	1.0	7.5	7.0	65%		
	Feb-17	23	0.7	0.0	0.5	0.0	4.3	6.0	5.4	5.0	48%		
	Mar-17	18	1.3	0.0	1.4	0.0	5.2	3.0	5.3	7.0	58%		
	Apr-17	18	2.1	0.0	2.1	0.0	8.6	6.0	6.9	6.5	48%		
	May-17	20	1.4	0.0	1.8	0.0	5.9	5.5	8.1	7.0	35%	35%	35%
	Jun-17	14	2.0	0.0	2.4	0.0	7.5	2.5	8.6	8.0	33%	43%	43%
	Jul-17	13	2.2	1.0	2.2	1.0	15.8	10.0	10.3	8.5	28%	33%	33%
	Aug-17	23	0.6	0.0	1.7	0.0	6.4	4.0	11.6	9.0	29%	29%	29%
	Sep-17	18	1.5	0.0	1.9	1.0	12.8	11.0	15.2	15.0	4%	4%	4%
	Oct-17	11	0.8	0.0	1.2	1.0	5.0	6.0	15.9	15.5	13%	13%	13%
	Nov-17	12	1.1	0.0	2.4	1.0	5.8	5.5	5.9	6.5	44%	44%	44%
	Dec-17	20	1.3	0.0	2.3	0.0	10.2	10.0	9.2	9.0	25%	29%	29%
	Jan-18	16	0.3	0.0	0.4	0.0	1.2	1.0	5.3	6.0	63%	63%	63%
	Feb-18	19	1.0	0.0	1.2	0.0	7.6	8.0	9.4	9.5	20%	20%	20%
	Mar-18	18	1.6	0.0	2.0	1.0	10.8	10.0	14.4	15.5	8%	12%	12%
	Apr-18	**14**	**2.0**	**0.0**	**2.2**	**0.0**	**13.4**	**11.0**	**21.2**	**21.0**	**4%**	**4%**	**4%**

Data Notes: See Appendix H

TABLE 3a. Class Member Status at WSH and ESH (Totals) – Jail-based Competency Evaluations

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 14 days from receipt of order[2,3]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Jail-based Evaluation	Apr-15	209	2.1	0.0	3.5	1.0	17.8	10.0	20.3	14.0	12%	Not Applicable	Not Applicable
	May-15	209	2.1	0.0	3.2	1.0	22.1	13.0	18.2	12.0	14%		
	Jun-15	240	2.3	1.0	3.6	1.0	20.8	13.0	24.1	17.0	9%		
	Jul-15	259	2.0	0.0	3.3	1.0	17.9	11.0	26.5	19.0	5%		
	Aug-15	192	2.0	0.0	3.0	1.0	19.7	13.0	25.4	21.0	6%		
	Sep-15	241	1.8	0.0	2.5	1.0	16.0	9.0	22.9	18.0	9%		
	Oct-15	219	1.9	0.0	2.5	1.0	16.6	11.0	19.2	16.0	17%		
	Nov-15	196	1.8	0.0	2.8	1.0	21.6	17.0	20.5	16.0	23%		
	Dec-15	236	1.6	0.0	2.1	0.0	16.2	10.0	20.4	15.0	11%		
	Jan-16	221	1.8	0.0	2.5	0.0	12.2	6.0	19.0	13.0	23%		
	Feb-16	244	0.7	0.0	0.8	0.0	7.4	5.0	11.0	8.0	42%		
	Mar-16	289	0.9	0.0	0.9	0.0	8.2	6.0	9.7	7.0	51%		
	Apr-16	240	0.9	0.0	1.0	0.0	7.7	5.0	10.0	8.0	48%		
	May-16	263	1.0	0.0	1.1	0.0	8.3	6.0	10.6	9.0	44%		
	Jun-16	282	1.1	0.0	1.2	0.0	9.5	7.0	11.4	9.0	26%		
Jail-based Evaluation - 14 day compliance			Average	Median	Average	Median	Average	Median	Average	Median	within 14 days from order signature date[2]	within 14 days from receipt of order[2,3]	within 14 days from receipt of order or 21 days from order signature date[2,3]
	Jul-16	281	0.9	0.0	1.0	0.0	9.2	6.0	12.9	10.0	44%	Not Applicable	Not Applicable
	Aug-16	304	0.8	0.0	0.9	0.0	7.2	6.0	13.4	12.0	49%		
	Sep-16	312	0.7	0.0	1.0	0.0	7.3	7.0	12.9	12.0	47%		
	Oct-16	295	0.6	0.0	1.0	0.0	8.3	6.0	13.4	13.0	48%		
	Nov-16	240	1.3	0.0	1.8	0.0	10.2	9.0	13.2	13.0	49%		
	Dec-16	252	1.0	0.0	1.5	0.0	8.5	9.0	12.7	12.0	57%		
	Jan-17	257	0.9	0.0	1.1	0.0	7.9	6.0	12.7	12.0	46%		
	Feb-17	233	1.1	0.0	1.6	0.0	7.8	6.0	12.5	12.0	52%		
	Mar-17	313	1.0	0.0	1.3	0.0	5.7	3.0	10.9	9.0	66%		
	Apr-17	261	0.5	0.0	0.7	0.0	8.1	5.0	10.8	9.0	63%		
	May-17	327	0.4	0.0	0.7	0.0	9.0	7.0	11.3	10.0	58%	59%	59%
	Jun-17	344	0.5	0.0	0.8	0.0	6.5	4.0	13.5	13.0	41%	43%	43%
	Jul-17	274	0.7	0.0	0.9	0.0	9.7	7.0	13.2	13.0	49%	51%	51%
	Aug-17	345	0.6	0.0	0.7	0.0	5.9	3.0	12.5	11.0	54%	55%	56%
	Sep-17	286	0.6	0.0	1.0	0.0	7.7	5.0	12.0	11.0	54%	54%	55%
	Oct-17	318	0.7	0.0	1.1	0.0	7.9	6.0	12.3	11.0	54%	54%	55%
	Nov-17	326	0.7	0.0	1.1	0.0	5.7	3.0	10.9	10.0	67%	67%	68%
	Dec-17	232	0.7	0.0	1.2	0.0	7.1	5.0	10.6	10.0	68%	69%	71%
	Jan-18	300	0.5	0.0	0.8	0.0	4.8	5.0	9.9	9.0	67%	68%	68%
	Feb-18	300	0.7	0.0	1.0	0.0	4.0	2.0	9.3	9.0	72%	72%	73%
	Mar-18	345	0.8	0.0	1.1	0.0	6.5	5.0	9.7	9.0	71%	72%	72%
	Apr-18	**303**	**0.7**	**0.0**	**0.9**	**0.0**	**7.3**	**6.0**	**10.6**	**10.0**	**73%**	**74%**	**74%**

Data Notes: See Appendix H

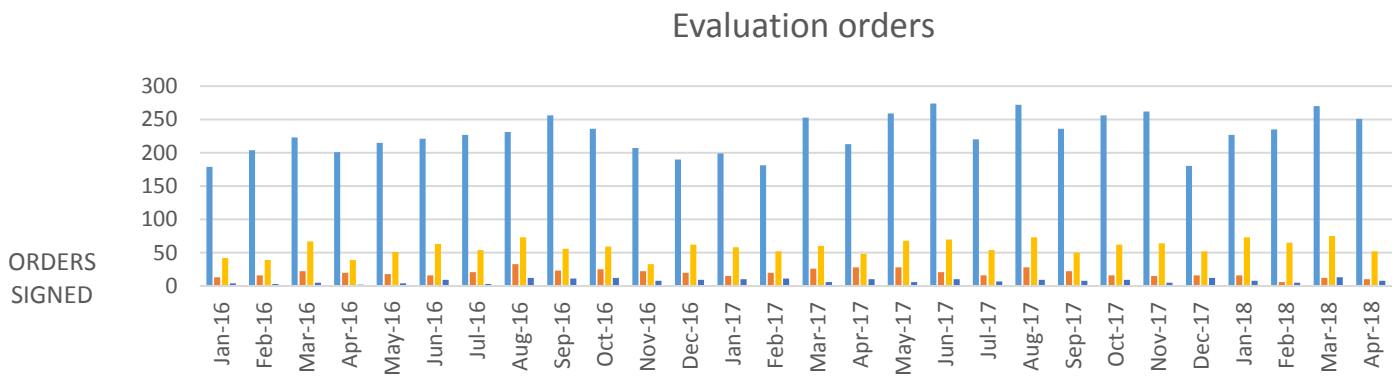
TABLE 3b. Class Member Status at WSH and ESH State Hospital (Totals) – Inpatient Services

TOTALS BOTH HOSPITALS		Court Orders Signed	Days from order signature to[2]: hospital receipt of order		hospital receipt of discovery		end of reporting month for incomplete referrals		completion		Percent complete within 7 days from order signature date[2]	Percent completed within 14 days from receipt of order[2,3]	Percent completed within 14 days from receipt of order or within 21 days from order signature date[2,3]
			Average	Median	Average	Median	Average	Median	Average	Median			
Inpatient Evaluation	Apr-15	15	7.8	1.0	11.0	3.0	39.9	33.0	45.1	48.5	9%	Not Applicable	Not Applicable
	May-15	13	7.3	1.0	9.7	3.0	55.3	47.0	50.9	25.0	5%		
	Jun-15	12	5.9	1.0	8.0	3.0	65.0	54.0	44.4	18.0	15%		
	Jul-15	19	5.7	1.0	7.8	3.0	49.9	15.0	14.8	15.0	20%		
	Aug-15	17	6.9	1.0	8.4	2.0	33.0	17.0	53.9	29.0	5%		
	Sep-15	22	4.3	1.0	5.7	1.0	39.4	22.0	20.4	20.0	10%		
	Oct-15	22	2.4	1.0	4.3	1.0	27.6	19.0	30.8	24.0	0%		
	Nov-15	21	2.0	1.0	3.9	1.0	30.8	18.0	26.4	22.0	5%		
	Dec-15	22	3.3	1.0	4.1	1.0	17.8	14.0	47.5	29.0	6%		
	Jan-16	17	4.8	1.0	6.6	1.0	27.0	23.0	33.7	29.0	0%		
	Feb-16	31	7.7	1.0	9.0	1.0	24.5	12.0	30.6	22.0	5%		
	Mar-16	30	6.7	1.0	6.9	1.0	12.6	9.0	26.6	16.0	8%		
	Apr-16	22	1.7	0.0	1.8	0.0	11.2	9.0	24.2	21.0	4%		
	May-16	22	1.5	0.0	1.5	0.0	9.5	6.0	17.8	20.0	22%		
	Jun-16	25	3.2	1.0	3.2	1.0	11.4	8.0	21.9	23.0	3%		
	Jul-16	24	4.3	1.0	4.3	1.0	7.2	4.0	16.6	14.0	8%		
	Aug-16	45	2.5	0.5	2.5	0.5	10.6	9.0	11.8	11.5	29%		
	Sep-16	34	2.1	1.0	2.2	1.0	12.8	14.0	11.7	8.0	29%		
	Oct-16	37	1.2	0.0	1.2	0.0	16.0	18.0	17.3	21.0	22%		
	Nov-16	30	1.4	0.0	1.2	0.0	20.5	21.5	23.2	29.5	16%		
	Dec-16	29	2.6	0.0	2.6	0.0	16.9	19.5	21.1	21.0	22%		
	Jan-17	25	1.9	0.0	2.0	0.0	10.6	12.0	18.0	14.0	29%		
	Feb-17	31	2.0	0.0	2.3	0.0	14.0	12.0	10.8	7.5	31%		
	Mar-17	32	1.6	0.0	2.0	0.0	10.8	11.0	19.9	25.0	21%		
	Apr-17	38	0.7	0.0	1.1	0.0	13.6	11.0	17.6	21.0	17%		
	May-17	34	1.9	0.0	2.2	0.0	22.6	20.0	24.3	28.0	8%	8%	8%
	Jun-17	31	1.9	0.0	2.2	0.0	27.6	28.5	29.4	39.0	11%	11%	11%
	Jul-17	23	1.3	0.0	1.5	0.0	31.7	28.0	33.7	45.0	14%	14%	14%
	Aug-17	37	0.7	0.0	0.8	0.0	15.6	9.0	31.9	43.0	12%	12%	12%
	Sep-17	30	0.5	0.0	0.8	0.0	25.6	23.5	26.0	28.0	11%	11%	11%
	Oct-17	25	2.0	0.0	2.1	0.0	32.3	34.0	30.5	23.0	8%	8%	8%
	Nov-17	20	1.6	0.0	1.8	0.0	29.1	27.0	45.2	44.5	2%	2%	2%
	Dec-17	28	3.2	0.0	3.5	1.0	29.4	25.0	28.7	11.0	16%	19%	19%
	Jan-18	24	2.7	0.5	2.7	0.0	30.7	25.5	33.0	24.5	19%	19%	19%
	Feb-18	11	4.1	0.0	4.1	0.0	35.6	38.5	44.1	44.0	8%	8%	8%
	Mar-18	25	1.5	0.0	1.8	0.0	25.4	21.0	35.2	22.0	13%	13%	13%
	Apr-18	**18**	**1.8**	**0.0**	**2.0**	**0.0**	**21.9**	**18.0**	**35.9**	**23.0**	**0%**	**0%**	**0%**
Inpatient Restoration[4]	Apr-15	67	1.5	0.0	2.2	1.0	35.3	16.0	37.6	43.0	26%	Not Applicable	Not Applicable
	May-15	60	1.5	0.0	1.9	0.0	35.8	20.0	27.8	18.0	24%		
	Jun-15	66	1.6	0.0	2.0	1.0	20.6	13.0	34.9	25.0	20%		
	Jul-15	88	1.4	0.0	1.9	0.0	16.1	10.0	24.5	20.0	26%		
	Aug-15	72	1.9	0.0	2.4	0.0	23.5	20.0	24.0	33.0	25%		
	Sep-15	112	1.6	0.0	2.1	0.0	27.6	21.0	22.7	13.0	29%		
	Oct-15	79	2.1	1.0	2.9	1.0	26.9	25.0	32.1	45.0	20%		
	Nov-15	65	1.5	1.0	2.0	1.0	37.2	34.0	42.1	49.0	21%		
	Dec-15	71	1.8	1.0	2.3	1.0	27.5	23.0	47.4	52.0	15%		
	Jan-16	76	2.6	0.0	2.8	0.0	29.6	19.0	37.5	46.0	23%		
	Feb-16	80	3.3	0.0	3.8	1.0	24.2	21.0	37.1	41.0	12%		
	Mar-16	99	1.3	0.0	2.2	0.0	26.5	24.0	31.8	39	24%		
	Apr-16	79	1.7	0.0	2	0.0	22.9	22.0	35.5	41	10%		
	May-16	87	1.7	0.0	1.9	0.0	22.1	20.0	25.2	19	31%		
	Jun-16	90	1.2	0.0	1.3	0.0	21	15.0	23	14.5	13%		
	Jul-16	78	1.6	0.0	1.8	0.0	11.4	6.0	20.4	13.0	19%		
	Aug-16	102	1.4	0.0	1.6	0.0	12.6	13.0	11.8	11.5	28%		
	Sep-16	125	1.4	0.0	1.5	0.0	14.0	10.0	14.3	12.0	22%		
	Oct-16	95	1.2	0.0	1.3	0.0	23.9	25.0	18.6	14.0	14%		
	Nov-16	99	1.4	0.0	1.4	0.0	24.0	20.5	23.6	13.0	18%		
	Dec-16	110	1.5	0.0	1.5	0.0	26.6	23.0	21.4	13.0	17%		
	Jan-17	106	1.8	0.0	1.8	0.0	25.1	20.5	25.4	15.5	21%		
	Feb-17	118	1.5	1.0	1.5	1.0	20.7	18.0	24.4	10.5	20%		
	Mar-17	127	1.4	0.0	1.4	0.0	23.0	19.5	22.6	12.0	18%		
	Apr-17	98	1.2	0.0	1.2	0.0	25.5	20.0	29.4	21.0	10%		
	May-17	123	1.5	0.0	1.5	0.0	27.4	22.0	28.7	20.0	13%	14%	14%
	Jun-17	112	1.9	0.0	1.9	0.0	27.1	21.5	24.7	15.0	13%	15%	15%
	Jul-17	115	1.5	0.0	1.5	0.0	24.2	18.0	32.5	18.0	11%	11%	12%
	Aug-17	131	0.7	0.0	0.9	0.0	26.6	22.0	23.9	14.0	15%	16%	16%
	Sep-17	115	0.9	0.0	0.9	0.0	27.6	19.0	32.7	19.0	9%	9%	9%
	Oct-17	118	0.8	0.0	0.8	0.0	33.5	27.5	29.4	18.0	13%	13%	13%
	Nov-17	104	1.5	0.0	1.6	0.0	37.2	31.0	35.1	30.5	15%	15%	15%
	Dec-17	104	1.6	0.0	1.6	0.0	42.8	34.0	31.4	12.0	13%	13%	13%
	Jan-18	94	0.9	0.0	0.9	0.0	43.1	41.0	46.7	39.5	9%	10%	10%
	Feb-18	114	1.1	0.0	1.1	0.0	37.2	26.0	41.2	25.0	9%	9%	9%
	Mar-18	122	1.1	0.0	1.2	0.0	33.9	25.0	41.8	23.5	9%	10%	10%
	Apr-18	**135**	**1.0**	**0.0**	**1.0**	**0.0**	**30.2**	**26.0**	**43.2**	**28.0**	**7%**	**8%**	**8%**

Data Notes: See Appendix H

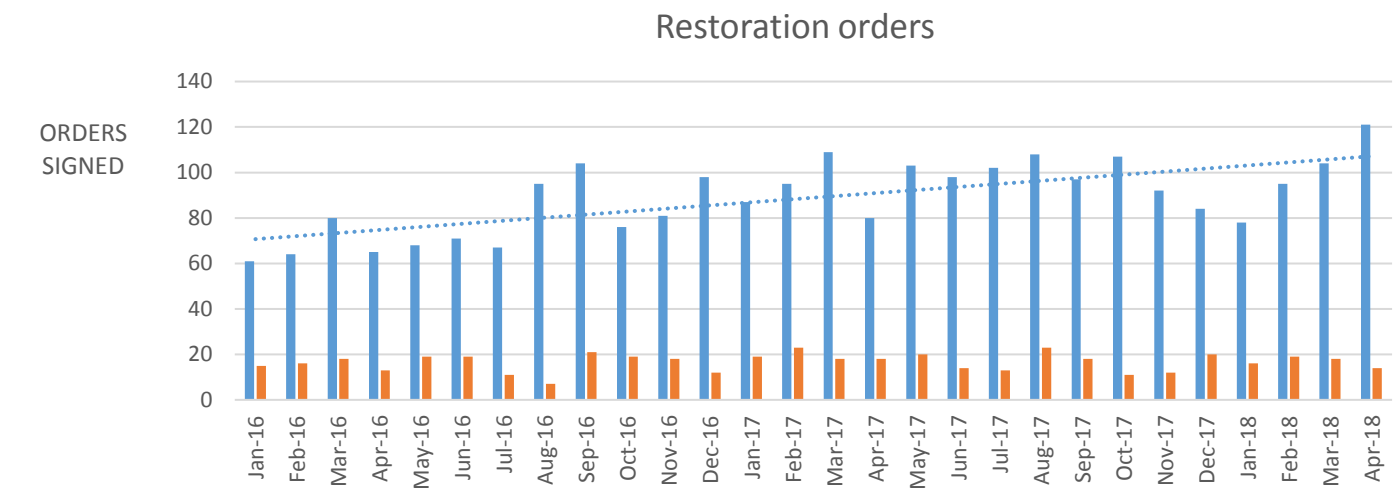
CLASS MEMBER STATUS DATA GRAPHS
NOTE: April data are "first look" and are subject to change.

FIGURE 1. Evaluation Orders



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
WSH-JAIL	179	204	223	201	215	221	227	231	256	236	207	190	199	181	253	213	259	274	220	272	236	256	262	180	227	235	270	251
WSH-INPATIENT	13	16	22	20	18	16	21	33	23	25	22	20	15	20	26	28	28	21	16	28	22	16	15	16	16	6	12	10
ESH-JAIL	42	39	67	39	51	63	54	73	56	59	33	62	58	52	60	48	68	70	54	73	50	62	64	52	73	65	75	52
ESH-INPATIENT	4	3	5	2	4	9	3	12	11	12	8	9	10	11	6	10	6	10	7	9	8	9	5	12	8	5	13	8

FIGURE 2. Restoration Orders



	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
WSH-RESTORATION	61	64	80	65	68	71	67	95	104	76	81	98	87	95	109	80	103	98	102	108	97	107	92	84	78	95	104	121
ESH-RESTORATION	15	16	18	13	19	19	11	7	21	19	18	12	19	23	18	18	20	14	13	23	18	11	12	20	16	19	18	14

FIGURE 3. Evaluations – Median

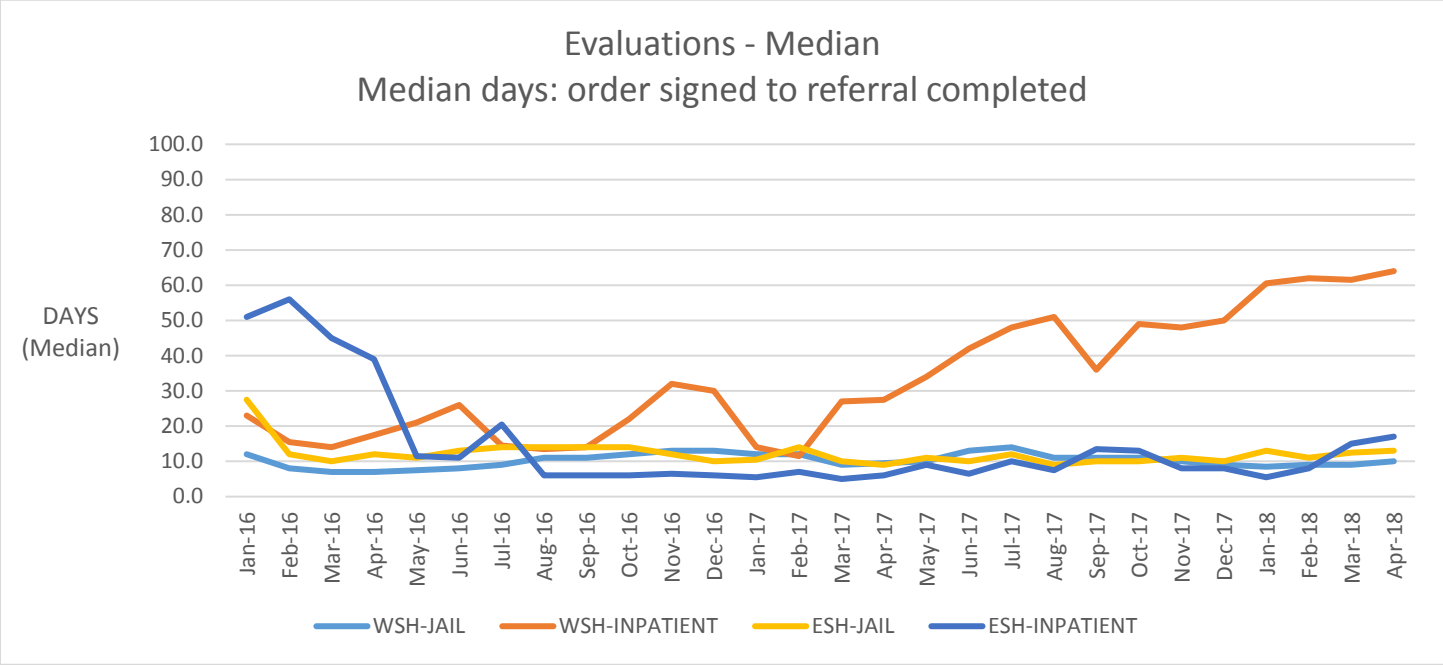


FIGURE 4. Evaluations – Average

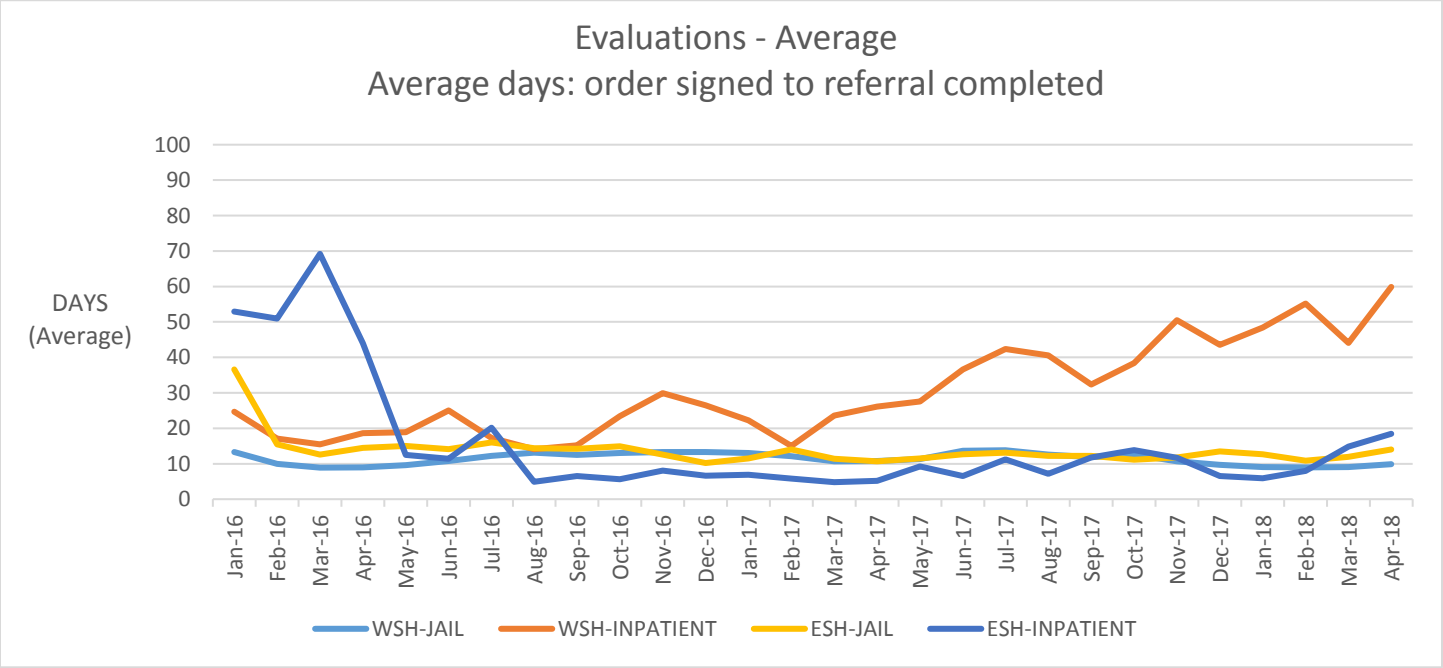


FIGURE 5. Restorations - Median

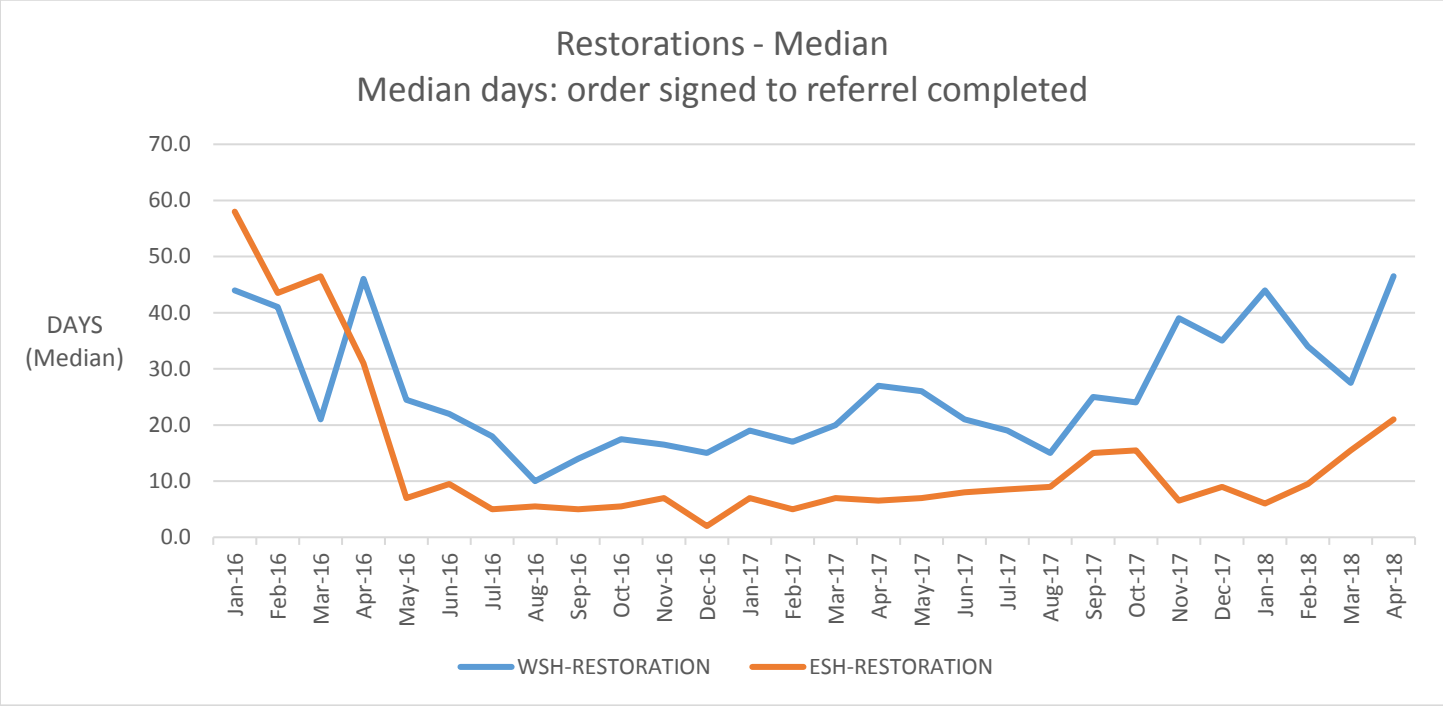


FIGURE 6. Restorations – Average

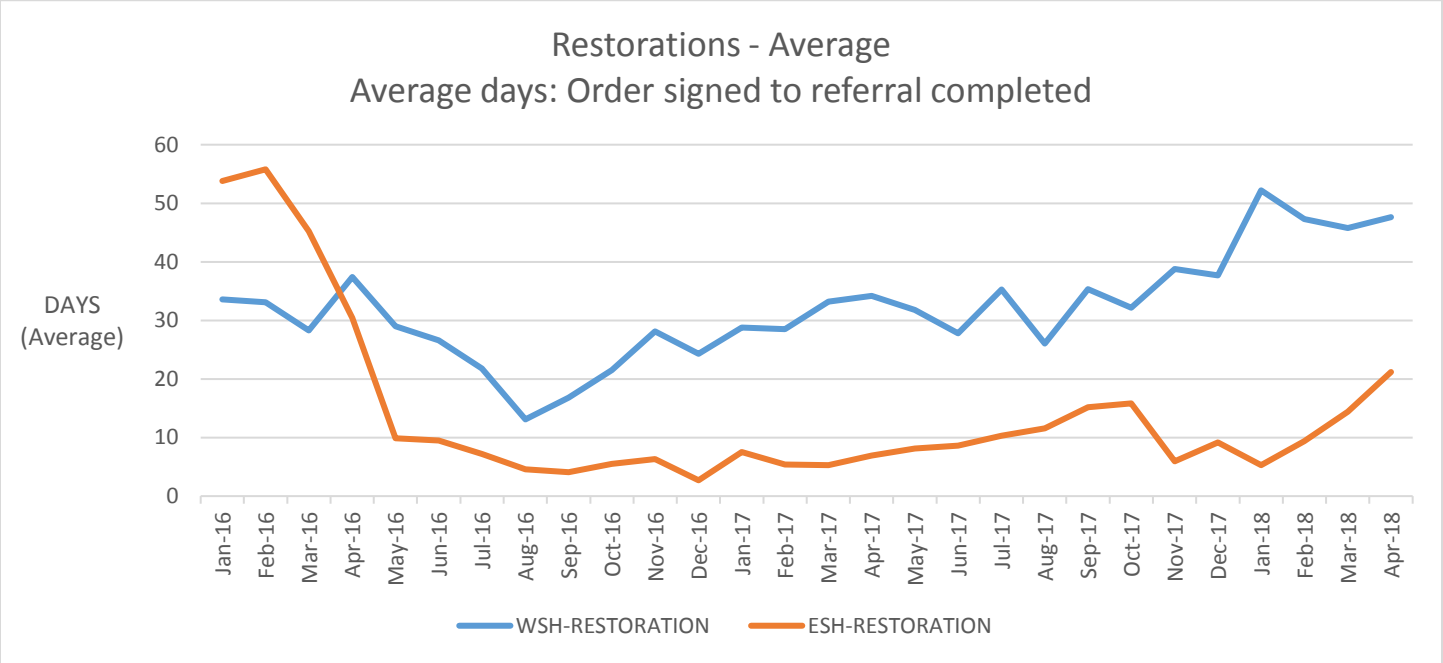


TABLE 4a-4c. Summary of jail evaluations, in-patient evaluations, and restorations by month since February, 2016. **NOTE: These data (percent days or less) are based on the month that the court order was signed and will therefore be different from the data shown in Tables 1-3, which is based on the month the order packet was completed.** April numbers are first look, and percentages may change as many cases (those with orders at the end of the month) will close within the seven or fourteen day window.

4a. TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED[1,2]			
MONTH	14 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 14 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	196	244	80.3%
Mar-16	244	289	84.4%
Apr-16	203	240	84.6%
May-16	213	263	81.0%
Jun-16	189	282	67.0%
Jul-16	201	281	71.5%
Aug-16	211	304	69.4%
Sep-16	209	312	67.0%
Oct-16	237	295	80.3%
Nov-16	161	240	67.1%
Dec-16	186	252	73.8%
Jan-17	194	257	75.5%
Feb-17	180	233	77.3%
Mar-17	264	313	84.3%
Apr-17	220	261	84.3%
May-17	226	327	69.1%
Jun-17	222	344	64.5%
Jul-17	196	274	71.5%
Aug-17	262	345	75.9%
Sep-17	207	286	72.4%
Oct-17	258	318	81.1%
Nov-17	283	326	86.8%
Dec-17	218	232	94.0%
Jan-18	281	300	93.7%
Feb-18	282	300	94.0%
Mar-18	317	345	91.9%
Apr-18	**213**	**303**	**70.3%**

Data Notes:

[1]Data presented in this table represent the number of in-jail competency evaluations completed within 14 days from order signature date out of all orders signed in the specified month.

[2]This data was pulled on 05/01/2018.

TABLE 4 CONTD.

4b. TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED[1,2]			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	10	31	32.3%
Mar-16	2	30	6.7%
Apr-16	3	22	13.6%
May-16	4	22	18.2%
Jun-16	0	25	0.0%
Jul-16	5	24	20.8%
Aug-16	17	45	37.8%
Sep-16	12	34	35.3%
Oct-16	14	37	37.8%
Nov-16	6	30	20.0%
Dec-16	11	29	37.9%
Jan-17	12	25	48.0%
Feb-17	12	31	38.7%
Mar-17	8	32	25.0%
Apr-17	8	38	21.1%
May-17	5	34	14.7%
Jun-17	7	31	22.6%
Jul-17	8	23	34.8%
Aug-17	7	37	18.9%
Sep-17	7	30	23.3%
Oct-17	5	25	20.0%
Nov-17	1	20	5.0%
Dec-17	11	28	39.3%
Jan-18	10	24	41.7%
Feb-18	2	11	18.2%
Mar-18	7	25	28.0%
Apr-18	**0**	**18**	**0.0%**

Data Notes:

[1]Data presented in this table represent the number of inpatient competency evaluation admissions completed within 7 days from order signature date of all orders signed in the specified month.

[2]This data was pulled on 05/01/2018.

TABLE 4 CONTD.

4c. TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED[1,2]			
MONTH	7 DAYS OR LESS FROM ORDER SIGNATURE DATE	TOTAL ORDERS SIGNED	PERCENT 7 DAYS OR LESS FROM ORDER SIGNATURE DATE
Feb-16	7	80	8.8%
Mar-16	20	99	20.2%
Apr-16	12	79	15.2%
May-16	26	87	29.9%
Jun-16	22	90	24.4%
Jul-16	28	78	35.9%
Aug-16	34	102	33.3%
Sep-16	40	125	32.0%
Oct-16	24	95	25.3%
Nov-16	32	99	32.3%
Dec-16	27	110	24.5%
Jan-17	43	106	40.6%
Feb-17	39	118	33.1%
Mar-17	40	127	31.5%
Apr-17	21	98	21.4%
May-17	26	123	21.1%
Jun-17	27	112	24.1%
Jul-17	30	115	26.1%
Aug-17	36	131	27.5%
Sep-17	22	115	19.1%
Oct-17	36	118	30.5%
Nov-17	36	104	34.6%
Dec-17	32	104	30.8%
Jan-18	24	94	25.5%
Feb-18	24	114	21.1%
Mar-18	23	122	18.9%
Apr-18	**19**	**135**	**14.1%**

Data Notes:

[1]Data presented in this table represent the number of inpatient competency restoration admissions completed within 7 days from order signature date of all orders signed in the specified month.

[2]This data was pulled on 05/01/2018.

TABLE 5a-5c: Number and Percentage of Orders

DSHS compliance data are calculated and summarized in Table 5 based on the modified timeframes for jail evaluations, inpatient evaluations, and restoration services outlined in the order DSHS received on 4/26/2017 adopting the Mediated Settlement Agreement, Dkt. # 389, stating: "DSHS shall admit class members for either inpatient competency evaluation or restoration within the shorter of either a) 7 days from receipt of order or b) 14 days from signature of order."

5a. TOTAL COMPLETED JAIL EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER[1,2]	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER[1,2]	ORDERS COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE[1,2]	PERCENT COMPLETED WITHIN 14 DAYS FROM RECEIPT OF ORDER OR WITHIN 21 DAYS FROM ORDER SIGNATURE DATE[1,2]
Feb-16	244	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	289				
Apr-16	240				
May-16	263				
Jun-16	282				
Jul-16	281				
Aug-16	304				
Sep-16	312				
Oct-16	295				
Nov-16	240				
Dec-16	252				
Jan-17	257				
Feb-17	233				
Mar-17	313				
Apr-17	261				
May-17	327	234	71.6%	234	71.6%
Jun-17	344	229	66.6%	230	66.9%
Jul-17	274	203	74.1%	205	74.8%
Aug-17	345	262	75.9%	264	76.5%
Sep-17	286	211	73.8%	213	74.5%
Oct-17	318	261	82.1%	264	83.0%
Nov-17	326	285	87.4%	291	89.3%
Dec-17	232	219	94.4%	221	95.3%
Jan-18	300	284	94.7%	286	95.3%
Feb-18	300	284	94.7%	285	95.0%
Mar-18	345	321	93.0%	324	93.9%
Apr-18	**303**	**215**	**71.0%**	**215**	**71.0%**

TABLE 5 CONTD.

5b. TOTAL ADMITTED INPATIENT EVALUATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1,2]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1,2]	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1,2]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1,2]
Feb-16	31	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	30				
Apr-16	22				
May-16	22				
Jun-16	25				
Jul-16	24				
Aug-16	45				
Sep-16	34				
Oct-16	37				
Nov-16	30				
Dec-16	29				
Jan-17	25				
Feb-17	31				
Mar-17	32				
Apr-17	38				
May-17	34	5	14.7%	5	14.7%
Jun-17	31	7	22.6%	7	22.6%
Jul-17	23	8	34.8%	8	34.8%
Aug-17	37	7	18.9%	7	18.9%
Sep-17	30	7	23.3%	7	23.3%
Oct-17	25	5	20.0%	5	20.0%
Nov-17	20	1	5.0%	1	5.0%
Dec-17	28	11	39.3%	11	39.3%
Jan-18	24	10	41.7%	10	41.7%
Feb-18	11	2	18.2%	2	18.2%
Mar-18	25	7	28.0%	7	28.0%
Apr-18	**18**	**0**	**0.0%**	**0**	**0.0%**

TABLE 5 CONTD.

5c. TOTAL ADMITTED RESTORATIONS BY MONTH COURT ORDER SIGNED					
MONTH	TOTAL ORDERS SIGNED	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1,2]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER[1,2]	ORDERS COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1,2]	PERCENT COMPLETED WITHIN 7 DAYS FROM RECEIPT OF ORDER OR WITHIN 14 DAYS FROM ORDER SIGNATURE DATE[1,2]
Feb-16	80	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mar-16	99				
Apr-16	79				
May-16	87				
Jun-16	90				
Jul-16	78				
Aug-16	102				
Sep-16	125				
Oct-16	95				
Nov-16	99				
Dec-16	110				
Jan-17	106				
Feb-17	118				
Mar-17	127				
Apr-17	98				
May-17	123	29	23.6%	29	23.6%
Jun-17	112	29	25.9%	29	25.9%
Jul-17	115	31	27.0%	32	27.8%
Aug-17	131	37	28.2%	37	28.2%
Sep-17	115	23	20.0%	23	20.0%
Oct-17	118	37	31.4%	38	32.2%
Nov-17	104	36	34.6%	36	34.6%
Dec-17	104	34	32.7%	34	32.7%
Jan-18	94	25	26.6%	25	26.6%
Feb-18	114	24	21.1%	24	21.1%
Mar-18	122	26	21.3%	26	21.3%
Apr-18	**135**	**21**	**15.6%**	**21**	**15.6%**

RESOURCES REQUIRED TO PROVIDE TIMELY COMPETENCY SERVICES

Funding and Resources

The Washington State Legislature convened one regular and three consecutive special sessions between January 9, 2017 and July 20, 2017. The Legislature passed a 2017-19 operating budget in Substitute Senate Bill 5883 (SSB 5883) on June 30, 2017. Section 204 (2)(e) of the bill references $25,053,000 in Fiscal Year 2018 (July 1, 2017 to June 30, 2018) and $25,847,000 in Fiscal Year 2019 (July 1, 2018 to June 30, 2019) for implementation of efforts to improve the timeliness of competency restoration services pursuant to Chapter 5, Laws of 2015 (SSB 5889). The budget provides funding to operate an additional thirty bed forensic ward in Fiscal Year 2019 (July 1, 2018 to June 30, 2019), assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Services Administration, the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients, as contemplated by the Legislature. The Legislature also funded a twenty-four bed expansion at Yakima Residential Treatment Facility. The Department intended to move forward with this expansion to provide relief to class members. However, on November 1, 2017, Plaintiffs and the Department submitted a proposal to the court that would transition the operations planned for Yakima expansion to Building 27 at WSH. On November 21, 2017, at a status hearing in the Federal District Court, the Department with the Governor's office reiterated the plan to shift the expansion money from Yakima to Building 27 at WSH for operations if the court would release fine money to pay for the capital improvements. On January 25, 2018, Judge Pechman heard a motion to use contempt fine funds for the remodel of Building 27 and agreed, in principal, once a few minor changes were made to the plan. Therefore, in the FY 2018 Operating Supplemental Budget, the additional funds that were earmarked for the twenty-four bed expansion at the Yakima Residential Treatment Facility were removed.

The FY 2018 Supplemental Capital Budget includes $3 million for renovation of 1N3 for twenty-five forensic and $3.5 million for renovation of 3N3 to provide another twenty-five forensic beds. It also includes $10.5 million in the 2017-19 biennium and a proposed $9.6 million in the 2019-21 biennium for predesign, design, and renovation of Western State Hospital Building 29 to support sixty additional forensic beds.

Need Projections and Bed Capacity

During the June, 2017 *Trueblood* Status Hearing, Judge Pechman directed Dr. Danna Mauch to hire a contractor to conduct a Competency Services Bed Need Study to illustrate patient demand and bed need, and ultimately to determine the feasibility of, and timeframe for, compliance with Court orders. The impact of community based competency evaluation on the demand for inpatient CE/CR beds will also be measured.

The TriWest Group was selected as the contractor to complete this work within a 60-90 day timeframe. On October 13, 2017 TriWest requested and received aggregate level referral data from DSHS. DSHS provided TriWest the daily aggregate data on November 28, 2017. TriWest informed DSHS that they received word of conditional approval by the IRB on November 30, 2017. On February 1, 2018, TriWest informed DSHS that the WSIRB acknowledged receipt of their response to conditional approval and revised application. On April 9, 2018, TriWest provided DSHS a signed copy of the IRB approval that would allow DSHS to share client-level data for the study. DSHS updated the data that was prepared for TriWest in November of 2017 while waiting for the IRB approval to include more recent data through February, 2018. DSHS provided TriWest the client level data in April 2018 after receiving a copy of the WSIRB approval from TriWest.

TRUEBLOOD KEY ACCOMPLISHMENTS – APRIL 2018

RECRUITING:

- Talent Acquisition program staff at DSHS Headquarters continue to recruit for all positions at Western State Hospital (WSH) including those for SIA projects. Final numbers of staff and data associated with placement is controlled by HR operations staff at WSH.
- Recruiting for additional Forensic Evaluators and a supervisor at the Office of Forensic Mental Health Services continues. Applications for both Evaluator positions have been given to Dr. Kinlen and his team.
- Recruiters from the Talent Acquisition program at DSHS HQ support hiring needs associated with the Building 27 project at WSH.
- Nine applicants were considered in April for the Competency Restoration Specialist job. An appointment was made and this new staff member joined OFMHS on May 1.
- Four applicants were considered in April for the Trueblood Settlement Project Manager job. An appointment was made and the new staff member joined OFMHS on May 1.

RESIDENTIAL TREATMENT FACILITIES (RTF's) DATA:

YAKIMA

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	22	22	22	22									22
Total patients admitted	13	15	10	11									12.25
Completed and found competent (1st Restoration)	10	10	10	9									9.75
Not likely restorable (transported back to jail)	2	1	0	1									1
Court Order lapsed (Transported back to Jail)	1	1	0	1									0.75
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0									0
Misdemeanor patients not restored (no further treatment by law)	0	0	0	0									0
Total transferred to State Hospital	1	3	0	0									1
For physical aggression	0	2	0	0									0.5
For sexually inappropriate behavior	0	0	0	0									0
For medical reasons	0	1	0	0									0.25
Due to court ordered treatment at SH	0	0	0	0									0
Other	1	0	0	0									0.25
Total patients eloped	0	0	0	0									0
Total recommended for early evaluation	2	6	2	2									3
Total recommended for 2nd 90-day order	2	3	0	1									1.5
Total recommended for 3rd 90-day order	0	0	0	0									0

MAPLE LANE

Data Elements	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	2018 Avg
Census (last day of month)	25	26	27	25									25.75
Total patients admitted	18	11	16	7									13
Completed and found competent (1st Restoration)	11	4	4	7									6.5
Not likely restorable (transported back to jail)	0	0	0	1									0.25
Court Order lapsed (Transported back to Jail)	0	0	0	0									0
Felony patients completed and found not likely restorable (1st Restoration)	0	0	0	0									0
Misdemeanor patients not restored (no further treatment by law)	2	0	3	2									1.75
Total transferred to State Hospital	4	4	1	0									2.25
For physical aggression	3	3	1	0									1.75
For sexually inappropriate behavior	1	0	0	0									0.25
For medical reasons	0	1	0	0									0.25
Due to court ordered treatment at SH	0	0	0	0									0
Other	0	0	0	0									0
Total patients eloped	0	0	0	0									0
Total recommended for early evaluation	8	0	0	5									3.25
Total recommended for 2nd 90-day order	4	2	7	5									4.5
Total recommended for 3rd 90-day order	0	0	0	3									0.75

REQUESTS FOR INFORMATION (RFI) RELEASES

- Two Request for Information releases were completed during the months of February and August, 2017. Additionally, the plaintiffs provided a list of prospective interested individuals to conduct Competency to Stand Trial evaluations as possible contractors in the November 21, 2017 status hearing. The Department reached out to the names provided by the plaintiffs in gathering information about logistical and financial needs to complete such evaluations. Contact was started in November and was completed in December, 2017. A total of thirty-one potential contractors were contacted, with 17 agreeing to speak with the Director of OFMHS. Data was shared in the status hearing on January 25, 2018 and the Court Monitor provided the recommendation of completing a third Request for Information with modifications to the deadline requirements and target individuals who responded positively during the outreach to apply. The third RFI was drafted and sent to the court monitor, the Plaintiff attorneys, and the Attorney General's Office for review and comment. A final draft was completed and on February 28th, the third Request for Information was completed and distributed. For the months of March and April, the Department waited for responses from interested individuals. The RFI closed on April 30.

TRUEBLOOD IMPLEMENTATION STEPS TAKEN AND PLANNED—APRIL 2018

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Court Appointed Monitor Coordination				
Monthly Reports	Release April report	Complete	• Maintain compliance with the Court. • Use data to review and improve the provision of forensic services.	Released April report to Stakeholders.
Legislative Coordination				
Implement Engrossed Substitute Senate Bill (ESSB) 6656: Funding applications	Apply for funding from the Office of Financial Management (OFM) from the Governor's Behavioral Health Innovation Fund relating to the state hospitals' forensic systems.	Passed legislature. Expires on July 1, 2019 per Section 14. Complete.	• Section 5(2) required OFM to contract with an external consultant to examine the current configuration and financing of the state hospital system and make recommendations on a number of different areas, including identification of the potential costs, benefits, and impacts associated with dividing one or both of the state hospitals into discrete hospitals to serve civil and forensic patients in separate facilities. The consultants' report was due to the Governor and Legislature by Oct. 1, 2016. • Section 5(3) required DSHS to contract for the services of an academic or independent state hospital psychiatric clinical care model consultant to examine the clinical role of staffing at the state hospitals. The consultants'	The Select Committee for Quality Improvement in State Hospitals met on October 30, 2017 and on December 15, 2017. During the December 15, 2017 meeting, the Department presented material on the three prosecutorial diversion programs currently being funded. Additionally, the Court Monitor provided an overview and update on the eight programs that received *Trueblood* Fine money for diversion services. During the months of January, February, and March, no hearings were scheduled. A meeting was held on April 18, 2018 with an agenda (and other meeting materials) found here: https://www.governor.wa.gov/issues/issues/health-care-human-services/select-committee-quality-improvement-state-hospitals

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
			report was due to the Governor and Legislature by Oct. 1, 2016. • Section 6 created the Governor's Behavioral Health Innovation Fund in the state treasury. Only the director of financial management or designee may authorize expenditures from that Fund, which are provided solely to improve quality of care, patient outcomes, patient and staff safety, and the efficiency of operations at the state hospitals.	
Consult with DOH about draft legislation requiring DOH certification of forensic evaluators to determine the need for a sunrise review	Consult DOH	Ongoing	• Expanded pool of forensic evaluators would help improve timeliness. Licensure would provide quality assurance and create professional standards for forensic evaluators. • Develop long-term certification of forensic evaluators, consistent with the *Trueblood* Court Monitor's recommendations on mid- and long-term performance to implement a forensic certification program to sustain performance.	OFMHS has not been allocated the necessary resources to pursue DOH certification programs for forensic evaluators. This will be pursued again during the fiscal year 2019-21 budget submission process.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Labor Coordination				
Engage Labor Leaders and Members	Conduct ongoing bi-monthly meetings with Labor leaders	Ongoing	• Discuss policy, budget and operational changes likely required to comply with the *Trueblood* requirements. • Obtain staff necessary to safely support operation of additional forensic and civil beds at the state hospitals. • Obtain necessary psychiatrists and physicians to supplement services proved by employees at Western State Hospital to safely support the operation of additional forensic and civil beds.	In 2018, a UMCC meeting was scheduled and held on February 27, 2018. Additional UMCC meetings with the forensic evaluators will be scheduled in 2018. A demand to bargain on exchange time was completed on February 16, 2018. In the months of March and April, scheduling has been occurring to schedule a demand to bargain related to competency evaluations for juveniles and the next UMCC. No dates have yet been confirmed with Labor at this time.
Data Collection and Fiscal Modeling				
Monthly report data collection	Identify and obtain needed data	Ongoing	Obtain data for monthly reports and develop standardized reports to inform policy development and implementation.	Data collection is ongoing.
Institute data audit process	Review data and files of cases with anomalies and identify trends	Ongoing	Ensure completeness and accuracy of wait list data.	Data validation process is ongoing.
Forensic Data System Design/ Development	Build data models- Entity Relationship Diagram (ERD)	Complete	• Integrated Forensic System with consistent data entry and tracking of all class members from creation of court order for mental competency evaluation	The Forensic project has a detailed project plan that includes 15 distinct modules. End user facing modules will include User Acceptance Testing (UAT) allowing for both early feedback across the development spectrum, as well as providing
	Finalized Gaps analysis	Complete		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
	Finalized task list and timeline	Complete	through completion of evaluation and/or restoration (whichever is later). • Provide capability for access by evaluators to discovery documents and any status changes, regardless of location, to reduce delays. Provide platform for quality reporting from single system, eliminating the variability currently inherent in leveraging legacy applications not meant for this purpose.	support for the project's Organizational Change Management (OCM) plan. Modular development progresses towards May 2018 Integration Testing events and culminates with a July 2018 go-live. The progress this month is as follows: Project Governance has deferred Dashboard Reports to release 1.1 to relieve project schedule strain. Go-live remains scheduled for 7/2/18. Project Team is preparing for Integration Testing Event (IT) 1. Scheduled for May 10-14. IT2 is scheduled for late May. Data migration issues have been resolved. Project team is preparing for a test load for the IT2 event. This will be a full trial run for Go-live cutover.
	Establish Project Governance	Complete		
	Analyze Legacy Applications Data Quality for potential data migration	In progress		
	Complete Technical Design for all Modules	May 2018		
	Complete training	June 2018		
	Implement new system	July 2018		
Human Resources				
Hire Office of Forensic Services HQ positions	Hire and Onboard	Complete	Provide infrastructure for forensic services system and improve effective and timely provision of competency services.	In April 2018, no interviews were scheduled for the supervisor position. Interviews for forensic evaluators (for existing positions that are being vacated due to retirements and relocations) were held in April with three applicants being considered for offers once successful background and reference checks are completed.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Hire additional hospital ward staff	Conduct targeted hiring events	In progress	Obtain required staff of all classes to safely and appropriately operate additional civil and forensic beds and to meet data collection, analysis and reporting needs.	Recruiting efforts continue on the second System Improvement Agreement (SIA) at Western State Hospital. Final numbers of staff and data associated with placement is controlled by HR operations staff at WSH. The Talent Acquisition staff at DSHS HQ continue to recruit for positions at WSH in support of the SIA project. Recruiting for positions vacated by natural attrition at Maple Lane continues. Talent Acquisition is in charge of Residential Rehabilitation Counselor and Security Guard positions.
	Pursue contracting			
Competency Evaluation				
Build capacity for out-station sites	Site agreements	N/A	Increased capacity at out-station sites will reduce wait time for evaluation.	Equipment is being installed in a number of Outstation venues with the aim of using these sites for future evaluations. Dr. Berger, outstation supervisor, conducted a telehealth competency evaluation on 4/27/18 in cooperation with Snohomish County Jail. Operation of telehealth equipment in key geographical locations where multiple evaluators work, such as the NRO in Seattle and WSH in Lakewood, will increase our capacity to respond to remote location requests.
	Out-station sites operational	Completed		

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Coordinate with forensic mental health system partners	Regular meetings with County Stakeholders	Ongoing	Stakeholder meetings will focus on topics where collaborative work is required to meet the requirements of the *Trueblood* Decision.	Quarterly stakeholder meetings continue to occur with King and Pierce Counties. A meeting originally scheduled for April 25th, wherein the OFMHS Liaison and Diversion Specialist will meet in Clark County to build connections with that county and help them explore possibilities regarding outpatient restoration and expanding their diversion efforts, has been rescheduled for May 16. The next meeting with Pierce County is scheduled for June 5.
Continue current county-conducted evaluation system until 2018	Establish quality criteria for evaluation reports	Ongoing	Obtain data needed from counties in order to meet court ordered reporting requirements.	The Quality Assurance (QA) program for competency reports began November 1, 2017. Forensic Evaluator Supervisors were provided with a manual of standards for competency evaluations and then audited competency evaluation reports generated by their direct reports. Supervisors have been reminded of the expectation that we adhere to the policy to review at least one competency evaluation report per forensic evaluator per quarter at least 90% for each quarter. The database to track compliance has been revised to include a simpler interface and concrete instructions. During Q1 2018, 62.3% of forensic evaluators had

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				competency evaluation reports audited by supervisors.
Explore and pursue triage system possibilities	Roll out Phase II	In progress	Establish an efficient evaluation to identify individuals who: need inpatient services due to serious mental health condition; clearly do not require inpatient evaluation services; or are clearly competent due to changes in their condition since the issuance of an order for evaluation (such as no longer drug affected).	As of April 30, 2018, OFMHS has received 196 triage referrals from jail staff/defense. Of those referrals, 136 were approved. 40 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. On November 2, 2016 OFMHS began calling jails holding in-custody defendants waiting 14 days for a competency evaluation to notify jail staff of the Triage Consultation and Expedited Admissions (TCEA) process. In April 2018, a total of 67 calls were made, and 7 resulted in referral requests. Since tracking began, 1,828 calls have been made. The Triage Services manuals are completed and have been distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and other partners.
Develop Telehealth video-conferencing systems to assist in the completion of evaluations	State-wide implementation and utilization of technology	Ongoing	Establishing this technology in multiple locations around the state (especially in rural areas) will allow OFMHS to conduct more evaluations, thereby helping to meet Court ordered requirements.	OFMHS successfully completed the first competency evaluation via secure videoconferencing, between the Snohomish County Jail and a DSHS facility, on February 6, 2018. OFMHS continues to move forward with our telehealth videoconferencing program, conducting forensic competency evaluations via

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				secure video links. To date, three forensic evaluations have been conducted utilizing this telehealth videoconferencing technology. OFMHS continues to educate courts and jails on this technology in hopes of generating greater interest in, and utilization of, this technology.
Competency Restoration				
WSH – opening 30 forensic beds once 30 civil patients transition to community	Bed Occupancy with forensic patients	7/1/2018	Serves overall plan to add beds and expand State Hospital bed capacity to meet Court ordered requirements.	The 2017-19 budget provides funding to operate an additional thirty bed forensic ward in Fiscal Year (July 1, 2018 to June 30, 2019) 2019, assuming the closure of one thirty bed civil ward and subsequent conversion to a forensic unit. The Aging and Long Term Service Administration, the Developmental Disabilities Administration, and Western State Hospital are already collaborating on targeted efforts to successfully discharge patients into the community to reduce the population of one civil ward by thirty patients, as contemplated by the Legislature.
WSH addition 45 beds	Bed Occupancy with forensic patients	On hold		The Legislature funded this request to operate 45 additional beds in building 27 and the S4 ward. The initial FY 2018 request can be found here: https://www.dshs.wa.gov/data/budget/2018/030-PL-CV-Forensic-Ward-Staffing.pdf
Provide Restoration	Open Maple Lane facility	Complete	• Identify alternate facility capacity to meet *Trueblood* compliance.	Please see data table on page 23.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
Treatment at the Maple Lane Competency Restoration Program (MLCRP)			• Any competency restoration treatment program at Maple Lane is anticipated to transfer to operation at a State Hospital before DOC would be housing inmates on that campus.	
	Restore patients to competency	Ongoing		
Provide Restoration Treatment at the Yakima Competency Restoration Program (YCRP)	Open Yakima facility	Complete	Anticipated duration of one year and possible one year extension.	Please see data table on page 23.
	Restore patients to competency	Ongoing		
Provide Restoration Treatment at Building 27	Open Building 27	Ongoing	• Identify alternate facility capacity to meet *Trueblood* compliance. • Collaborate with court parties to open the facility.	AustinCina continues to revise construction plans to remodel the facility according to ongoing decisions made by the parties. This plan will inform OFMHS's operational project schedule which is under development. The parties meet via conference call every 2 weeks to update on progress and plan next steps. The OFMHS Project Manager, Megan Celedonia, has broken the project down into 20 "buckets of work" (BOWs) for organizational and planning purposes.

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				BOW teams include: staffing, policy development, admissions criteria, licensure/certification, communications, labor relations, parties liaison, construction, training, patient records, facility services, purchasing, budget/fiscal, IT, incident reporting system, emergency management planning, labor and industries insurance, contracts, ESH referrals, and project management. Team leads were assigned in February and all teams have been convened. Megan Celedonia continues to work with partners across the agency to develop a project schedule. OFMHS hired 3 additional project staff to assist with work associated with opening the new facility.
Outpatient Competency Restoration Programs (OCRP)	Diversion Programs are Operational	Ongoing	Development and implementation of outpatient competency restoration programs in King, Pierce, and Spokane Counties.	OFMHS is continuing to plan for OCRP program implementation pending inclusion of the funding in the state budget. The next Groundswell report was due in March 2018. However, the report has not been submitted by Groundswell. Additionally, task orders are being revised with updated/new deliverables that may impact date of delivery on the report.
County transport of patients	Coordinate with counties to develop transport protocols	Ongoing	Ensure timely transport of patients to support delivery of competency services as directed in court order.	DSHS continues to assist jails as needed to transport defendants in a timely manner. DSHS continues to work with Pierce County regarding transportation. On March 19th, OFMHS Director Tom Kinlen and Liaison Tim Hunter met with Pierce County jail

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				leadership staff to discuss transportation related issues.
Diversion Alternatives				
Implement 2E2SSB 5177 (2015) provisions for dismissal of charges & referral to treatment	Diversion Programs are Operational	Ongoing	Prosecutor can dismiss criminal charges without prejudice & refer to community-based mental health services.	OFMHS Liaison and Diversion Specialist will continue to monitor the programs and provide technical assistance as needed to address any barriers. On April 23, OFMHS Liaison and Diversion Specialist Tim Hunter travelled to the Spokane and met with Spokane BHO team to learn more about their prosecutorial diversion program. This was a very productive conversation in terms of team building and also in reviewing positive program outcomes. Mr. Hunter was able to join a meeting in which the Spokane team provided a report on the program to the Spokane Behavioral Health Advisory Board. Mr. Hunter will be meeting in person with the Spokane county team on April 23rd. Mr. Hunter will be meeting in person with the King county project team on May 11.
Increase diversion opportunities	Governor's Office to contract with diversion consultant	In Process	Hire a consultant to identify how best to divert persons with mental illness from the criminal justice system and identify appropriate funding mechanisms with appropriate stakeholders.	OFMHS staff is awaiting information from the confidential Trueblood Settlement Agreement discussions which we understand will include specific recommendations or agreements about future diversion efforts. Once this information is received, OFMHS will be better able to determine

Task	Key Milestones	Status / End Dates	Anticipated Outcome & Assumptions	Results Achieved & Barriers to Completion
				if/how hiring a consultant might be useful in terms of advancing our diversion efforts. OFMHS staff have requested that there be clear integration and partnership between the diversion programs currently funded/managed by OHMFS and those funded by the court. OFMHS staff would greatly value the opportunity to help integrate these efforts into a more cohesive system.

FEBRUARY 8, 2016 COURT ORDER STATUS REPORT/UPDATES

The status updates to the February 8, 2016 Court Order are shown below.

1. Implement a triage system to sort class members waiting for in-jail evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:			
Requirements	Date	Status	Progress Notes
A. Producing a triage plan for review and comment	March 1, 2016	Complete	Complete
B. Putting the triage plan into effect, after accounting for the comments received	March 15, 2016	Complete	Complete
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	See 3c below and review task progress in "explore and pursue triage system possibilities."
2. Eliminate the backlog of class members currently waiting for in-jail evaluations by:			
A. Formally notifying DSHS's forensic evaluators and Pierce County's panel evaluators of plan to eliminate the backlog of people waiting for in-jail evaluations and requesting their help in doing so, and providing plans to get evaluations done through the use of extra duty pay and other methods available	February 15, 2016	Complete	Complete
B. Preparing a list of all backlog cases, organized by jail and by county	March 1, 2016	Complete	Complete
C. Finalizing recruitment of evaluators to aid in the backlog elimination effort and setting a schedule for the evaluation of each backlog case	March 1, 2016	Complete	Complete
D. Initiating the backlog elimination effort	March 7, 2016	Complete	Complete

E. Completing evaluations for all backlog cases (any patient waiting more than 14 days at the end of the month)	April 15, 2016, Ongoing	Ongoing	Of the 303 jail evaluation orders signed in April, 213 were completed within 14 days, which is 70.3%. This number is expected to rise once the data are mature.
3. Implement a triage system to sort class members waiting for in-hospital evaluations by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	As of April 30, 2018, OFMHS has received 196 triage referrals from jail staff/defense. Of those referrals, 136 were approved. 40 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. The Triage Services manuals are completed and have been distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and other partners.
4. Implement a triage system to sort class members waiting for restoration services by the acuity of their mental illnesses and their current manifestations, by the seriousness of their crimes, and by the amount of resources their cases require, by:			
C. Reporting on the implementation and effectiveness of the triage plan in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016	Complete	As of April 30, 2018, OFMHS has received 196 triage referrals from jail staff/defense. Of those referrals, 136 were approved. 40 of the referrals were denied, and 20 of these referrals were withdrawn before placement could be made. The Triage Services manuals are completed and have been distributed statewide, via a Listserv created by OFMHS which includes prosecutors, defense counsel, judges, jail staff and other partners.
5. Report on the implementation status of the CMS Plan of Correction by:			
B. Reporting on the implementation status in Defendants' monthly reports to the Court Monitor	Beginning March 15, 2016, ongoing	Ongoing	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement will run from November 2, 2017

			to July 2, 2018. A copy of the agreement was shared with Dr. Mauch by Defense Counsel on November 3, 2017. As a result of a court order in April, the Department worked with Plaintiff's and the court monitor in developing a bed capacity/expansion plan.
6. Plan for recruiting and staffing 30 beds at WSH after compliance with CMS's terms of participation is achieved in March by:			
C. Reporting on the implementation status of the plan and timeframe in Defendants' monthly reports to the Court Monitor	Beginning April 15, 2016, ongoing	Ongoing	DSHS entered into a second System Improvement Agreement with the Centers for Medicare and Medicaid Services. This agreement will run from November 2, 2017 to July 2, 2018. A copy of the agreement was shared with Dr. Mauch by Defense Counsel on November 3, 2017.
8. Remove barriers to the expenditure of the $4.8 million in currently allocated diversion funds by:			
D. Executing contracts for implementation by the selected providers	April 15, 2016	Complete	Prosecutorial diversion was funded for fiscal year 2018.
10. Develop a reliable and valid client-level data system to support better management and accountability of the forensic services system by:			
E. Implementing revisions to the existing system or initiating development of a new forensic data and management information system	To initiate new system development efforts- May 27, 2016	Ongoing development and project underway.	Project Governance has deferred Dashboard Reports to release 1.1 to relieve project schedule strain. Go-live remains scheduled for 7/2/18. Project Team is preparing for Integration Testing Event (IT) 1. Scheduled for May 10-14. IT2 is scheduled for late May. Data migration issues have been resolved. Project team is preparing for a test load for the IT2 event. This will be a full trial run for G-live cutover.

JULY 7, 2016 CONTEMPT ORDER STATUS UPDATES

The three status updates required in the July 7, 2016 Court Order are below.

1. Monetary sanctions – fines are imposed on a per class member, per day basis. On the 15th of every month, DSHS is required to submit contempt fines data to the court. These data will be submitted to the court on August 15, 2016 and will be included in this report when finalized as Appendices M and N.
2. Diversion plans – DSHS is ordered to develop, in consultation with the Court Monitor, plans for the expenditure of the contempt fines.
3. Wait time data – DSHS shall submit to the Court wait time data in a manner identical to the data submitted on June 17, 2016 in the declaration of Bryan Zolnikov. These data are included in this report in Table 4.

AUGUST 15, 2016 ORDER MODIFYING PERMANENT INJUCTION AS TO IN JAIL COMPETENCY EVALUATIONS

Pursuant to the August 15, 2016 court order, DSHS must provide in-jail competency evaluations within 14 days of a signed court order. When an in-jail evaluation cannot be completed within 14 days and good cause applies (i.e., delay due to clinical reasons, attorney, interpreter, or defense expert), an extension from the ordering court must be secured or DSHS must immediately admit the individual to a state hospital to finish conducting the evaluation. In order to comply with the reporting requirements of the Court's order, DSHS identified a need to revise both the current process used for seeking extensions from the criminal court, as well as the data collected during that process. Since the August 15th court order, DSHS identified a series of necessary changes that will enable DSHS to comply with the order, to include the following:

1. Develop a list of data elements needed to comply with the court order to include additional delay data;
2. Develop a data dictionary to define the data elements needed;
3. Develop a process of reporting the information to the courts for the exception requests;
4. Identify the cutoff date for seeking an exception;
5. Develop a standardized form that can be used for seeking good cause exceptions;
6. Develop an operating procedure to guide evaluators through the new good cause process;
7. Coordinate with the Attorney General's Office to ensure adequate representation;
8. Develop a process for collecting the data to report to the courts for the exceptions and to maintain for monthly reporting;
9. Develop a model for the delays and the data pertaining to the delays;
10. Modify the current IT systems or develop a new database in which to maintain the information once all above steps are completed.

To date, DSHS has completed identification of the data elements, developed a process for the evaluators to collect the data that will be entered and reported to the courts, and developed the data dictionary. The process of reporting the information to the courts and identifying a cutoff date for seeking an extension, and the standardized forms, operating procedure, and coordination for Assistant Attorney General (AAG) representation have been completed. Interim steps for maintaining the data for monthly reporting were identified and implemented while the current IT system is modified.

Through use of the interim solution, DSHS is collecting data on use of the good cause exception. The data required to be reported can be found in Appendix O in the final report. The IT system has been modified to include fields for data on the use of the good cause data exception and is currently going through testing. The Forensic Advisory Committee (FAC) is a regularly scheduled (twice a month) committee that provides business process clarification / recommendations to the technical team as the system is being built. FAC is a recurring meeting that is meeting with regularity.

APPENDICES

Appendices A – G:
This file is submitted with the DRAFT report and includes mature data tables for March, 2018 as well as outliers and order received data.

Appendices H – L:
This file is submitted with the DRAFT report and includes first look data tables for April, 2018.

Appendix M: Calculation of Inpatient Contempt Fines
This file is submitted with the FINAL report.

Appendix N: Calculation of Jail-Based Contempt Fines
This file is submitted with the FINAL report.

Appendix O: Good Cause Exceptions
This file is submitted with the FINAL report.