

## **Report to the Legislature**

### **Forensic Admissions and Evaluations – Performance Targets 2013 - Third Quarter**

SSB 6492, C256, L12, Sec 2(3)

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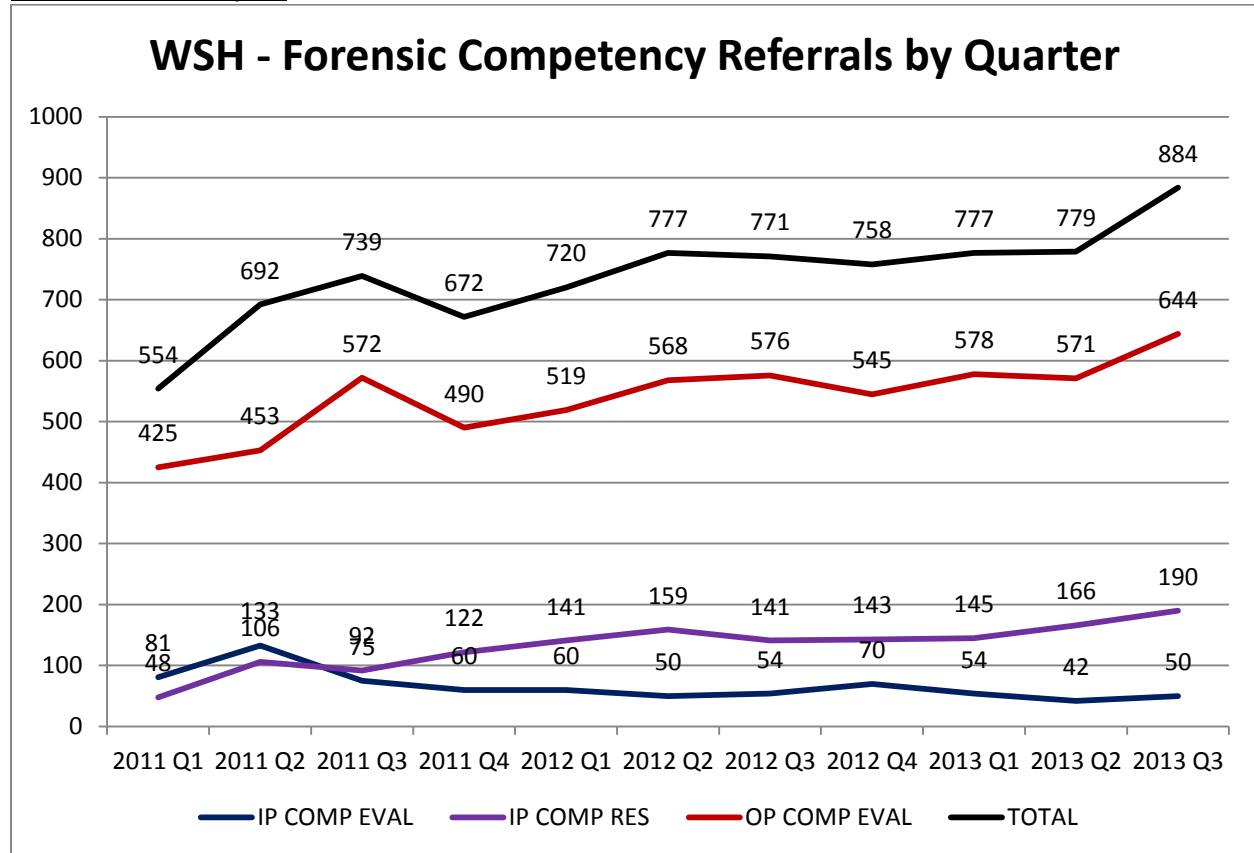
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## BACKGROUND

On May 1, 2012, RCW 10.77 was amended by Substitute Senate Bill 6492. The amendment made changes to the evaluation process, set timelines for the admission and evaluation of forensic mental health patients, and required the State Hospitals to set up a system of reporting and accountability when performance targets were not met. As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets and describes the hospital's plans to meet these performance targets.

### Western State Hospital



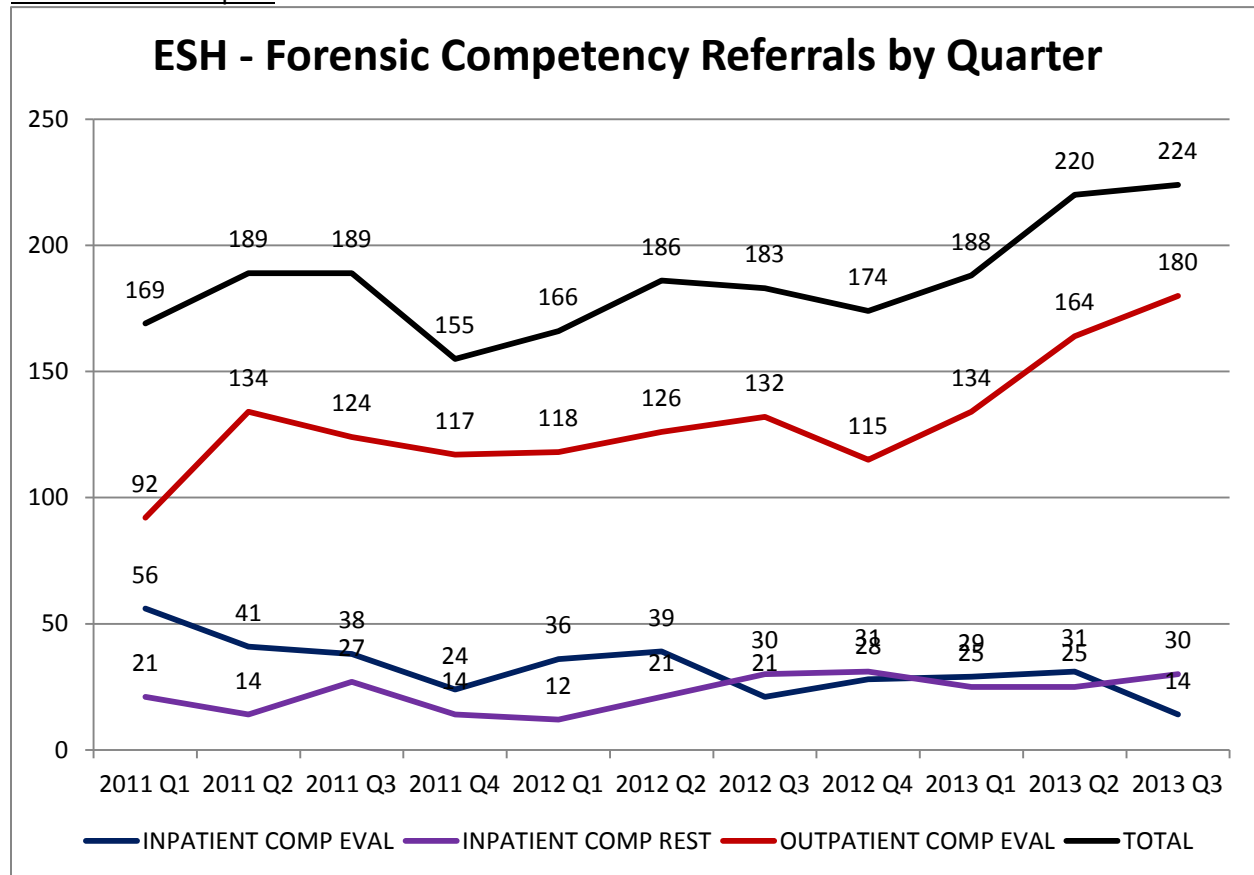
In the third quarter of 2013, Western State Hospital received 884 pretrial evaluation and restoration referrals, which is an increase of approximately 13% over the previous quarter, and is the highest rate of referral recorded by the Center for Forensic Services. In the second quarter report, Western State Hospital projected that 2013 referrals would grow to 3200. The increased rate of growth in the third quarter requires amending the projection upwards to 3,253. There has been more than a 59% increase in referrals between the first quarter of 2011 to the third quarter of 2013, yet the number of allotted evaluator positions has remained constant.

Despite receiving 105 more referrals than the second quarter of 2013, the waitlist increased by only seven, rising from 234 to 241. The evaluation unit had two vacancies through the duration of the quarter. At full staffing, the expected reduction in the waitlist would have been approximately 72 cases, or almost a third of the total number waiting. The evaluator vacancies were partially offset by increased

productivity among remaining evaluators. In addition, for the current quarter, ward based psychiatrists performed many of the forensic to civil conversion cases, and a psychiatrist assisted in the forensic evaluation service.

For the past four quarters, Western State Hospital has focused upon increasing timeliness of admissions and evaluations. As noted above, without requesting additional resources, Western State Hospital increased the total number of cases cleared from the waitlist (completed cases and withdrawals) by approximately 15%. The waitlist has been prioritized the past four quarters because it impacts 100% of referrals received, and because there are objective, measurable, and reportable performance targets. In the current quarter, there will be increased focus on the additional requirement of RCW 10.77.068, implementing additional procedures to monitor the clinical status of defendants and accomplish early discharge when clinical objectives have been achieved. This system will be formalized in December, 2013, and results will be reported commencing in the first quarter of 2014.

Eastern State Hospital



In the third quarter of 2013, Eastern State Hospital received 224 pretrial evaluation and restoration referrals. There has been more than a 32% increase in referrals since the first quarter of 2011 to the third quarter of 2013, yet the number of allotted evaluator positions has remained constant.

Eastern State Hospital's wait list continued to increase this quarter. Productivity remains constant among the evaluators, with vacations and personal illness. The trend is increasing offsite competency

evaluations, which increases inpatient competency restoration orders. ESH evaluators continue to follow their patient through the process from forensic to civil conversion.

**Performance Targets**

Substitute Senate Bill 6492 became effective May 1, 2012. Performance targets related to defendants being detained in-custody or awaiting admission into the State Hospitals were phased in over six months, becoming fully effective on November 1, 2012. Targets related to evaluations of out-of-custody defendants became effective May 1, 2013.

For defendants awaiting admission to the hospital, the target is to offer admission within seven days of receiving a completed referral. For defendants awaiting evaluation in the jail, the target is to have the evaluation completed and delivered to the referring court within seven days of receiving a completed referral. The following tables summarize performance on these targets in the third quarter of 2013:

## STATE HOSPITAL DATA

### Western State Hospital

Average Time to Target -- 3RD Quarter 2013					
<b>Inpatient Evaluations</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Evaluations	37	33	29.73	4	12.12%
Misdemeanor Inpatient Evaluations	10	8	16.50	1	12.50%
All Inpatient Evaluations	47	41	27.15	5	12.20%
<b>Inpatient Restorations</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Restorations	160	165	15.83	44	26.67%
Misdemeanor Inpatient Restorations	28	16	12.69	3	18.75%
All Inpatient Restorations	188	181	15.55	47	25.97%
<b>Inpatient NGRI</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony NGRI	3	3	3.00	3	100.00%
Misdemeanor NGRI	0	0	N/A	N/A	N/A
All NGRI	3	3	3.00	3	100.00%
<b>Outpatient Jail Evaluations</b>	Referrals Received	Number Evaluated	Average Days Until Completion	Number Completed Within 7 Days	Percent Completed Within 7 Days
Felony Outpatient Jail Evaluations	208	177	19.64	23	12.99%
Misdemeanor Outpatient Jail Evaluations	295	235	16.25	47	20.00%
All Outpatient Jail Evaluations	503	412	17.70	70	16.99%
<b>Outpatient P.R. Evaluations</b>	Referrals Received	Number Evaluated	Average Days Until Completion	Number Completed Within 21 Days	Percent Completed Within 21 Days
Felony Outpatient P.R. Evaluations	28	36	92.69	4	11.11%
Misdemeanor Outpatient P.R. Evaluations	105	60	140.50	2	3.33%
All Outpatient P.R. Evaluations	133	96	122.57	6	6.25%

**Eastern State Hospital**

Average Time to Target -- 3RD Quarter 2013					
<b>Inpatient Evaluations</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Evaluations	22	8	67.00	0	0.00%
Misdemeanor Inpatient Evaluations	6	2	30.00	0	0.00%
All Inpatient Evaluations	28	10	60	0	0.00%
<b>Inpatient Restorations</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony Inpatient Restorations	21	20	14.00	10	50.00%
Misdemeanor Inpatient Restorations	3	4	18.00	1	20.00%
All Inpatient Restorations	24	24	15.00	11	46.00%
<b>Inpatient NGRI</b>	Referrals Received	Number Admitted	Average Days Until Admission	Number Admitted Within 7 Days	Percent Admitted Within 7 Days
Felony NGRI	1	1	13.00	0	0.00%
Misdemeanor NGRI	0	0	N/A	N/A	N/A
All NGRI	1	1	13.00	0	0.00%
<b>Outpatient Jail Evaluations</b>	Referrals Received	Number Evaluated	Average Days Until Completion	Number Completed Within 7 Days	Percent Completed Within 7 Days
Felony Outpatient Jail Evaluations	55	58	41.00	0	0.00%
Misdemeanor Outpatient Jail Evaluations	32	33	37.00	0	0.00%
All Outpatient Jail Evaluations	87	91	40.00	0	0.00%
<b>Outpatient P.R. Evaluations</b>	Referrals Received	Number Evaluated	Average Days Until Completion	Number Completed Within 21 Days	Percent Completed Within 21 Days
Felony Outpatient P.R. Evaluations	21	27	75	1	3.70%
Misdemeanor Outpatient P.R. Evaluations	41	25	55	0	0.00%
All Outpatient P.R. Evaluations	62	52	65	1	1.92%

**Western State Hospital**

Size of Current Evaluation Backlog (09/30/2013)		
<b>Inpatient</b>	Number Waiting	# Waiting > 7 Days
Felony Inpatient Evaluation	11	8
Misdemeanor Inpatient Evaluation	1	1
Felony Inpatient Restoration	18	12
Misdemeanor Inpatient Restoration	11	7
<b>Outpatient Jail</b>	Number Waiting	# Waiting > 7 Days
Felony Jail Evaluation	35	18
Misdemeanor Jail Evaluation	43	20
<b>Outpatient P.R.</b>	Number Waiting	# Waiting > 21 Days
Felony P.R. Evaluation	20	17
Misdemeanor P.R. Evaluation	120	91

**Eastern State Hospital**

Size of Current Evaluation Backlog (09/30/2013)		
<b>Inpatient</b>	Number Waiting	# Waiting > 7 Days
Felony Inpatient Evaluation	13	13
Misdemeanor Inpatient Evaluation	2	2
Felony Inpatient Restoration	7	4
Misdemeanor Inpatient Restoration	0	0
<b>Outpatient Jail</b>	Number Waiting	# Waiting > 7 Days
Felony Jail Evaluation	40	40
Misdemeanor Jail Evaluation	15	15
<b>Outpatient P.R.</b>	Number Waiting	# Waiting > 21 Days
Felony P.R. Evaluation	14	14
Misdemeanor P.R. Evaluation	10	10



## **DEVIATION FROM PERFORMANCE TARGETS**

### Western State Hospital

In the WSH inpatient (hospital) unit, approximately 26% of restorations were admitted within seven days, and approximately 12% of evaluations were admitted within seven days. The individual evaluators continue to significantly surpass productivity standards. However, recruitment and retention continue to present challenges. The inpatient unit had two evaluator vacancies throughout the quarter. However, Psychiatry contributed the equivalent of approximately one Full Time Equivalent, leaving the evaluation unit effectively understaffed by only one evaluator.

For the WSH in-custody (detention) unit, 12% of defendants charged with felonies, and 20% of defendants charged with misdemeanors were seen within statutory time guidelines. Average productivity per evaluator continued to improve this quarter. The outpatient unit operated with one vacancy.

The WSH out-of-custody unit has been the most impacted by the vacant positions. Evaluators in this unit have been splitting their time with the other two units in order to reduce the wait times of defendants being held in custody. There are currently 140 patients on the out-of custody waitlist, and approximately 6% are seen within the prescribed 21 day guideline.

### Eastern State Hospital

ESH has one forensic evaluator assigned to complete inpatient competency evaluations. At ESH the inpatient competency evaluations and competency restorations are admitted to one ward. As the number of community competency evaluations continue to increase, there will be an increase in the number of competency restorations that must be admitted and take priority over admissions for competency evaluation. Eastern State Hospital's forensic admission ward capacity is 25. The inpatient evaluator has since taken over the responsibility of completing all letters and reports for competency restoration as well as continuing with the inpatient competency evaluations.

It is anticipated that beginning with the report for the second quarter of 2014, ESH will be able to present the same delay information as WSH has done above.

## **PLAN FOR MEETING TARGETS**

Western State Hospital and Eastern State Hospital have developed comprehensive performance improvement plans based both on the preliminary observations of the JLARC and on the input of the professionals performing the evaluations. Some aspects of the plans have been initiated, and measurable results are projected for the fourth quarter of 2013 and the first quarter of 2014.

### Management of Current Resources

#### Increasing per-evaluator productivity

##### Western State Hospital

Western State Hospital evaluators completed or removed approximately 110 more cases from the referral list than they had in the second quarter. In all units, average number of reports per-evaluator exceeded productivity standards. In the presence of significant waitlists, evaluators were able to exceed productivity guidelines by approximately 15%. However, as the waitlists are reduced, we anticipate losing one of the major efficiencies contributing to this high rate of production. Currently, when evaluators travel to distant counties, they select two to three referrals to interview on one trip. Travel time will consume a greater proportion of evaluator time when the waitlists are reduced and this will have a measurable effect on productivity.

##### Eastern State Hospital

ESH's monthly productivity standards are being met by all evaluators. There continues to be one evaluator assigned to inpatient competency evaluations. ESH is not currently looking at increasing per-evaluator productivity.

### Management of Bottlenecks

##### Western State Hospital

At the beginning of the quarter, the shortage of forensic evaluators at WSH was the rate limiting factor for both hospital admissions and the evaluation of defendants in corrections and the community. As a short term response, WSH has made additional psychiatry resources available for tasks that have diverted forensic evaluators from their core work. For example, WSH trained psychiatrists to be petitioners in forensic to civil conversion cases. More recently, the hospital assigned a forensically trained psychiatrist the evaluation unit, reducing the number of vacancies from three to two.

Through the first two quarters of 2013, the Center for Forensic Services frequently had as many as 20 vacant beds. With increased rate of production by evaluators, combined with the additional psychiatry resources the hospital was functionally full for the month of September, with bed vacancies only occurring when there were unscheduled departures, clustered departures, or when counties were unable to transport patients. The passage of HB 1114 is likely to increase bed utilization at the Center for Forensic Services, and Western State Hospital leadership is evaluating options for accommodating patients committed under HB 1114.

##### Eastern State Hospital

The ESH Forensic Services Unit Clinical Director and Director of Psychology continually review assignments to determine what tasks can be accomplished by psychologists/other staff who are not assigned competency evaluations.

All forensic evaluators are responsible for completing Forensic Risk Assessments and completing petitions for conversion to civil commitment for those patients they evaluated for competency and went through the restoration process.

Evaluation of the scheduling process and how to schedule evaluator time more efficiently will be done by administrative staff, looking at grouping close communities and having one evaluator spend days at a time in one location rather than commuting to a multitude of distant locations.

ESH is restructuring the duties of the Program Specialist 4 to include the functions of data collection, management and reporting forensic data. This position will work closely with WSH, headquarters and JLARC staff in reports, tracking trends and ensuring identified efficiencies are attained and maintained.

### Increased use of Technology

#### Western State Hospital

The Information Technology department continues exploring several pathways to reduce time consumed with administrative, record keeping, and travel. The corrections and community units have migrated to a primarily electronic based record system in which orders, discovery, evaluator notes, and testing are scanned and saved to a shared drive, allowing same day access to records at any of our three physical locations. This has resulted in both more efficient use in administrative time, and a reduction in delays related to transporting physical files. Western State Hospital is in the planning stages of a web based calendaring system for scheduling evaluations of out-of-custody defendants. It is estimated that , as it is estimated that scheduling currently consumes up to 20% of evaluator time in the out-of-custody service.

#### Eastern State Hospital

ESH continues to utilize the MILO database (mentally ill legal offender) to summarize data as necessary. These reports are created with existing staff resources. As new areas of collection are identified, the database is modified or new reports written to gather such requests.

### Recruitment and Retention

#### Western State Hospital

In 2012, there were approximately 3000 referrals to Western State Hospital's Center for Forensic Services. Annualizing from the first three quarters of 2013, there will likely be greater than 3300 referrals in 2013. The 22 currently allocated positions would have to average well in excess of productivity standards to match the rate of referral. An additional two evaluators producing at the presumptive rate, would be needed to eliminate the current 241 person wait list in one year.

For the third consecutive quarter, the Center for Forensic Services had three evaluator vacancies. However unlike previous quarters, we have hired a well-qualified applicant, and there are qualified applicants competing for the remaining vacancies. The hospital has endorsed a commitment to a robust training program, which should continue to improve recruiting. Over the long term, the hospital continues to evaluate the possibility of regional offices in the communities it serves, potentially expanding the recruiting base. As an interim measure, the Department has also allocated resources pursuant to SB 5551, addressing the staffing shortage by sharing costs with counties that wish to hire contract evaluators.

### Eastern State Hospital

ESH continues recruitment efforts to fill existing vacancies. There have been no issues, other than pay, identified with retaining existing forensic evaluators.

One psychiatrist vacancy will be filled on October 1 on the Forensic Services Unit. The hospital is still in the process of recruiting for psychology vacancies and a nationwide recruitment effort is being developed by Human Resources to promote ESH to a wider audience..

### Collaborating with Partners in the Courts and Detention Centers

Except in limited circumstances, Substitute Senate Bill 6492 encourages our partners in the Courts to order evaluations to be conducted in detention or in the community. In previous quarters, we have had success in reducing the number of inpatient evaluation referrals through a combination of educating the courts and parties about the new law, and contacting parties directly evaluations that appeared appropriate for in-custody evaluation were referred for inpatient evaluation.

### Western State Hospital

In the current quarter, there continues to be unexpectedly high rates of referrals for inpatient evaluation. Three factors appear to contribute to this. 1) increased time pressure on in-custody evaluators has led to an increase in the number of cases being referred inpatient by our own evaluators, 2) the admission coordinator position (whose job duties include screening orders) is currently vacant, and 3) policies implemented during this quarter of expediting inpatient evaluations has reduced the time penalty faced by a defendant for seeking an evaluation in the hospital rather than in the jail.

In the current quarter, we anticipate renewing our efforts to educate the courts about the preference for conducting evaluations outside of the hospital. As the statute does give the courts discretion as to whether to order inpatient evaluations, it will be incumbent on the hospitals to educate the courts about the types of cases that can be reliably evaluated without the need for inpatient hospitalization. It is anticipated that this education campaign will reduce the number of inpatient evaluation referrals.

### Eastern State Hospital

ESH is starting the conversation with outlying county jails to determine the feasibility and viability of using media for evaluations and court testimony.

### Plans for Meeting Requirements to Assure Patients do not Spend Unnecessary Days in Hospital

Following the implementation of RCW 10.77.068, the Western State Hospital formalized procedures around periodic communication between treatment teams and evaluators, and set standards for timeliness of evaluator response when a treatment team referred a patient for formal forensic evaluation. In the current quarter, with the aid of the department, Western State Hospital is participating in a Lean Value Stream Mapping project focused on forensic restoration. Objectives include streamlining the admissions process, identifying specific barriers to competence, individually planning treatment to address barriers, assuring ongoing assessment, and improving communication between the psychiatric treatment team, the rehabilitation and psychoeducation team, and the evaluation team. Western State Hospital is also targeting improved data collection on outcomes in an effort to better establish response to treatment, establish norms, and analyze efficacy of interventions.

## **CONCLUSION**

Substitute Senate Bill 6492 was adopted largely in response to a crisis of rapidly growing referrals and extraordinary wait times for defendants awaiting evaluation at the State Hospitals. Relative to wait times when the bill was passed, there have been reductions in the wait list, and increases in evaluator productivity. Nevertheless, average wait times remain approximately double the performance targets of seven days, and less than 30% of evaluations are conducted within the recommended timeframes. Recruitment and retention continue to be major challenges, and increases in evaluator productivity were offset by vacancies. Vacancies have been predictable and persistent, and options such as over-filling may be supported by the current patterns. It appears unlikely that there will be significant change in the underlying market forces creating shortages of evaluators. Thus, the hospitals are actively pursuing alternative strategies and more efficient allocation of existing resources.