Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations – Performance Targets 2017
Third Quarter (July 1, 2017-September 30, 2017)

Substitute Senate Bill 6492, Section 2 (Chapter 256, Laws of 2012)
As amended by Substitute Senate Bill 5889, Section 1 (Chapter 5, Laws of 2015)
RCW 10.77.068(3)

March 2018

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

Washington State Department of Social & Health Services
Transforming lives

Contents

BACKGROUND 3
COMPETENCY EVALUATION AND RESTORATION DATA 4
DATA ANALYSIS AND DISCUSSION 4
ACTIONS TAKEN 19
NEXT STEPS 21
SUMMARY 21

BACKGROUND

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

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

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

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

> (i) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized evaluation services related to competency, or to extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial:
>
> > (A) A performance target of seven days or less; and
> > (B) A maximum time limit of fourteen days;
>
> (ii) For a state hospital to extend an offer of admission to a defendant in pretrial custody for legally authorized inpatient restoration treatment related to competency:
>
> > (A) A performance target of seven days or less; and
> > (B) A maximum time limit of fourteen days;
>
> (iii) For completion of a competency evaluation in jail and distribution of the evaluation report for a defendant in pretrial custody:
>
> > (A) A performance target of seven days or less; and
> > (B) A maximum time limit of fourteen days, plus an additional seven-day extension if needed for clinical reasons to complete the evaluation at the determination of the department;
>
> (iv) For completion of a competency evaluation in the community and distribution of the evaluation report for a defendant who is released from custody and makes a reasonable effort to cooperate with the evaluation, a performance target of twenty-one days or less.

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

As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets in Quarter three of 2017 (July 1, 2017-September 30, 2017), and describes the plans to meet these performance targets.

COMPETENCY EVALUATION AND RESTORATION DATA

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

1) Extend an offer of admission to a defendant in pretrial custody for legally authorized treatment or evaluation services related to competency; or
2) Extend an offer of admission for legally authorized services following dismissal of charges based on incompetence to proceed or stand trial.

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

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

DATA ANALYSIS AND DISCUSSION

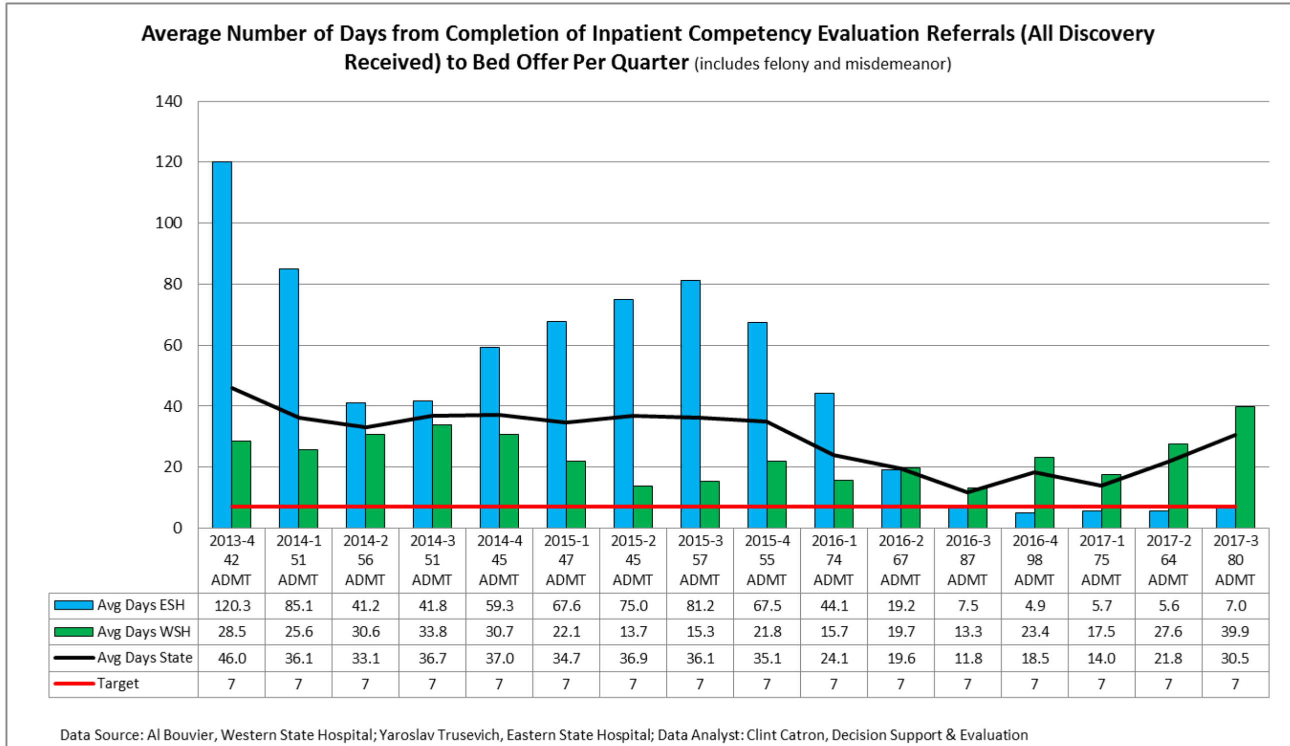
In this section, the report is organized in the following manner: (1) Statewide Forensic System Data and (2) Actions Taken.

Additional detailed data and information about timely competency services is available in monthly reports published by the Department of Social and Health Services in compliance with requirements established in the April 2015 *Trueblood* court order. These reports are available on the Office of Forensic Mental Health Services (OFMHS) website at:

https://www.dshs.wa.gov/bha/office-service-integration/office-forensic-mental-health-services

Once on the OFMHS website, find "Hot Topics" and click on "*Trueblood et al v. Washington State DSHS*". Please note that the data presented in this report differs slightly than in the *Trueblood* reports because the statute begins the count for timely service at the date of receipt of Discovery while the *Trueblood* order begins the count at the date the court order for services is signed.

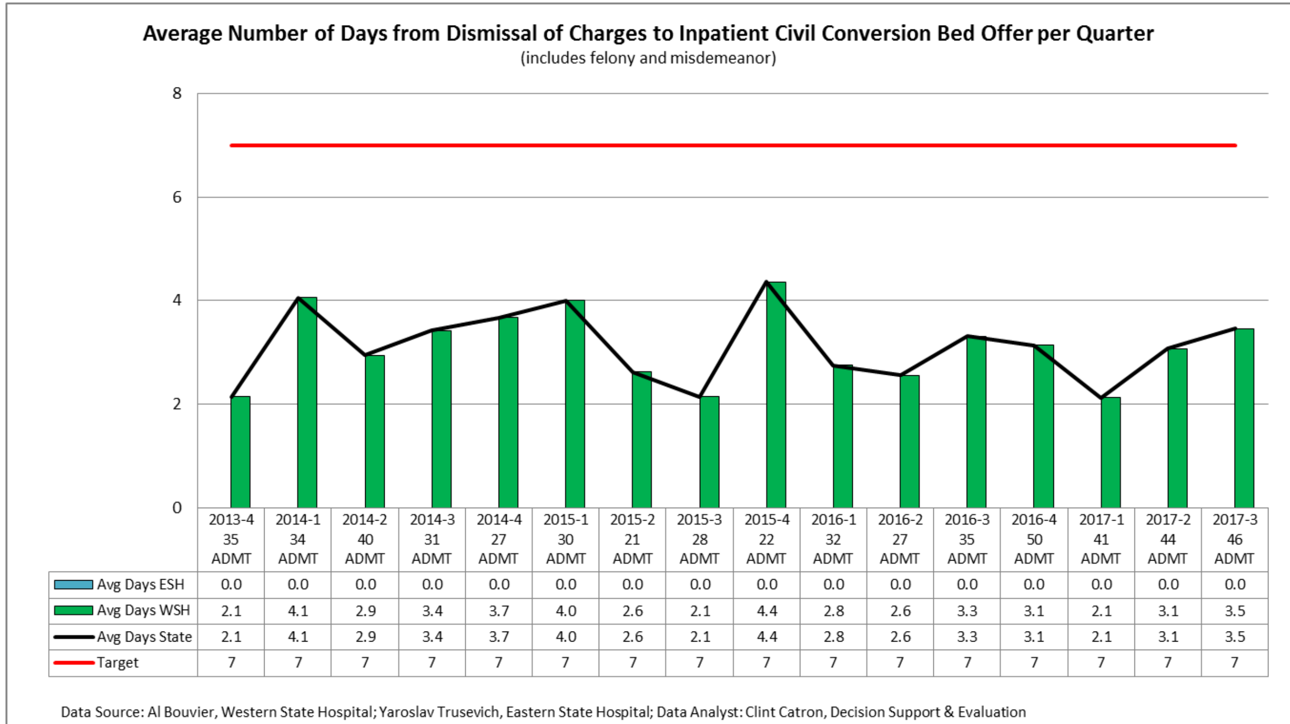
Figure 1: shows results for inpatient competency evaluation cases



	2013-4 42 ADMT	2014-1 51 ADMT	2014-2 56 ADMT	2014-3 51 ADMT	2014-4 45 ADMT	2015-1 47 ADMT	2015-2 45 ADMT	2015-3 57 ADMT	2015-4 55 ADMT	2016-1 74 ADMT	2016-2 67 ADMT	2016-3 87 ADMT	2016-4 98 ADMT	2017-1 75 ADMT	2017-2 64 ADMT	2017-3 80 ADMT
Avg Days ESH	120.3	85.1	41.2	41.8	59.3	67.6	75.0	81.2	67.5	44.1	19.2	7.5	4.9	5.7	5.6	7.0
Avg Days WSH	28.5	25.6	30.6	33.8	30.7	22.1	13.7	15.3	21.8	15.7	19.7	13.3	23.4	17.5	27.6	39.9
Avg Days State	46.0	36.1	33.1	36.7	37.0	34.7	36.9	36.1	35.1	24.1	19.6	11.8	18.5	14.0	21.8	30.5
Target	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

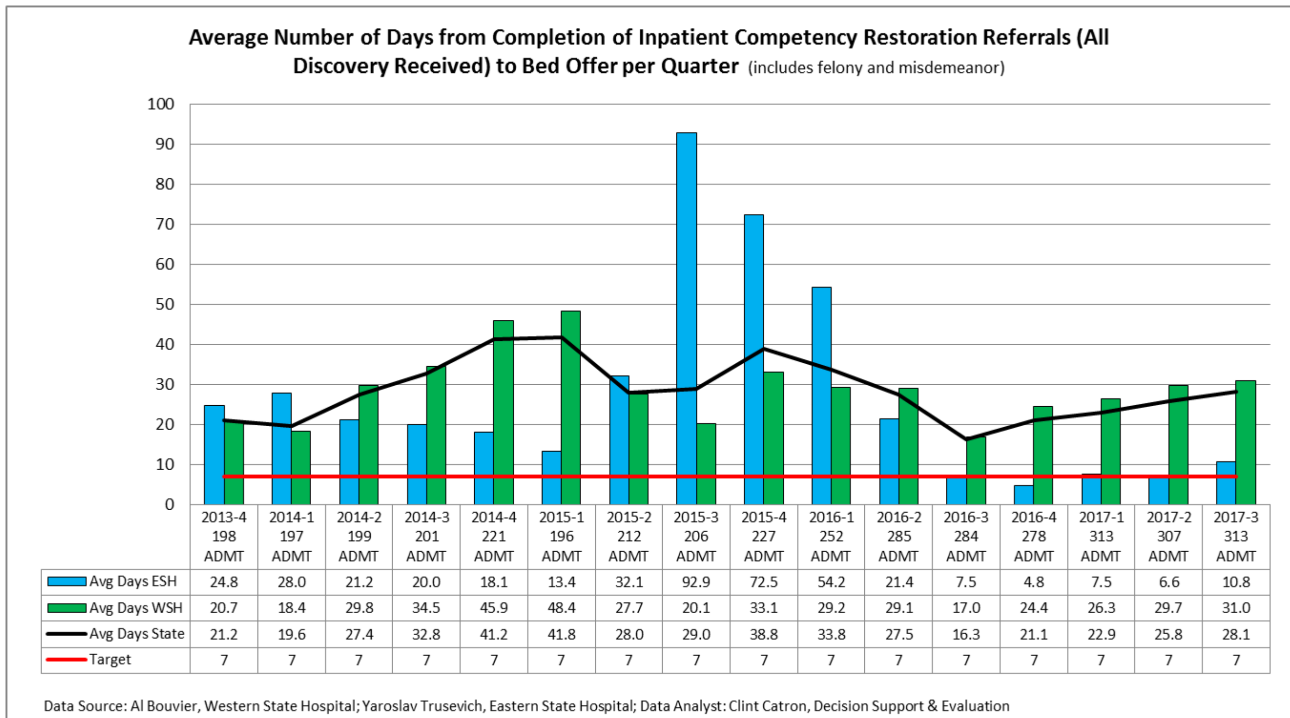
- **Figure 1.** These are the average wait times related to hospital admission for inpatient competency evaluations only (including PR's).
- ***Outcomes*****:** During quarter three, there were more admissions than either of the two previous quarters in 2017 and were the third most in any quarter since tracking began. Western State Hospital (WSH) experienced an increase in average wait times as compared to the previous quarter by approximately twelve days. Eastern State Hospital (ESH) experienced an increase in average wait times by just over one day as compared to the previous quarter.
- ***Drivers*****:** The increases at both WSH and ESH are related to the increase in admissions as compared to the previous quarter. Additionally, despite adding 104 beds to program capacity since 2015, increasing demand clearly impacts operations. The increase at ESH was slight, and resulted in performance right at the seven day target. During this quarter, WSH has seen its wait list vary between 150 individuals to more than 200 individuals on any given day. This wait list, coupled with orders extending restoration times (i.e. 90-day orders extended to 180-day orders for additional restoration treatment) as well as the aforementioned lack of sufficient capacity, dramatically slows through-put of patients, which gives rise to the increasing time between referral and bed offer.

Figure 2: shows results for post-dismissal referrals



- **Figure 2.** This chart reflects average days from dismissal of charges to an offer of admission at each State hospital and a combined State average.
- ***Outcomes*****:** During the reporting period both ESH and WSH were under the seven day target, despite a small increase at WSH.
- ***Drivers*****:** The continued positive performance at both hospitals is attributed to staff maintaining clear focus on prioritizing these beds for admissions.

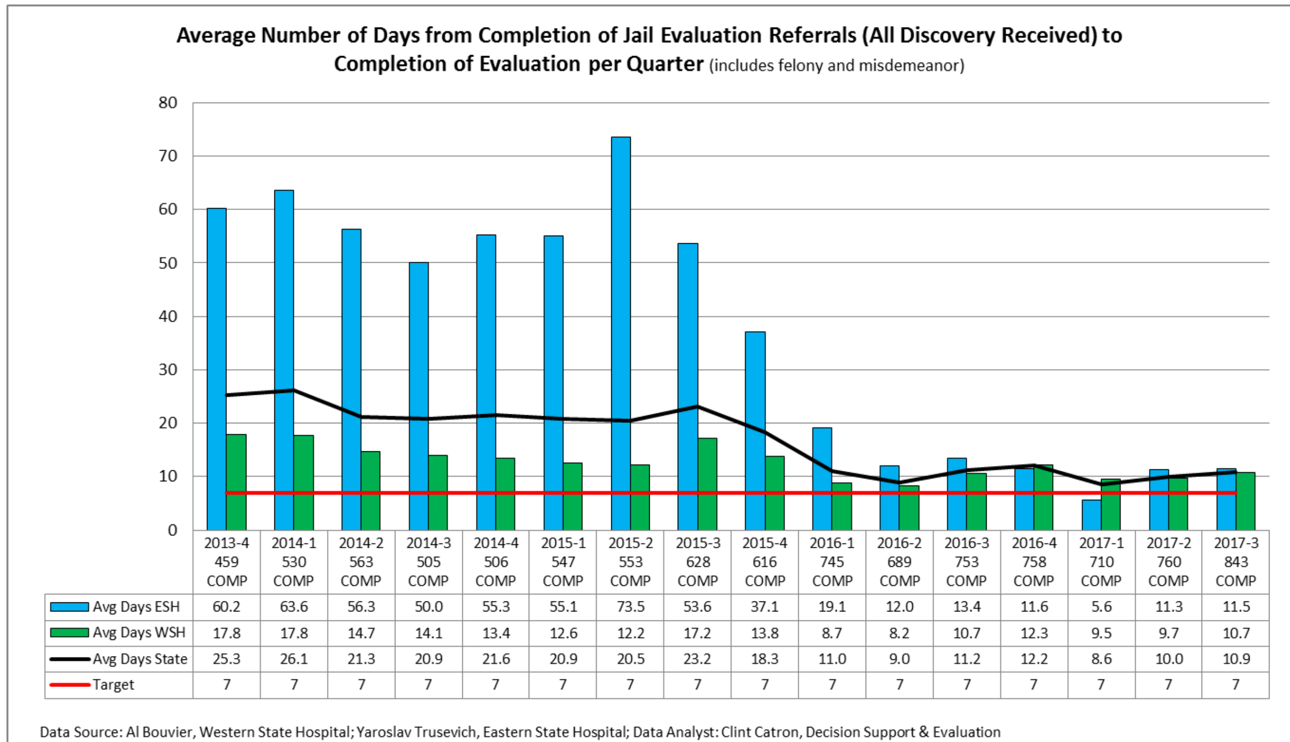
Figure 3: shows results for competency restoration cases



	2013-4 198 ADMT	2014-1 197 ADMT	2014-2 199 ADMT	2014-3 201 ADMT	2014-4 221 ADMT	2015-1 196 ADMT	2015-2 212 ADMT	2015-3 206 ADMT	2015-4 227 ADMT	2016-1 252 ADMT	2016-2 285 ADMT	2016-3 284 ADMT	2016-4 278 ADMT	2017-1 313 ADMT	2017-2 307 ADMT	2017-3 313 ADMT
Avg Days ESH	24.8	28.0	21.2	20.0	18.1	13.4	32.1	92.9	72.5	54.2	21.4	7.5	4.8	7.5	6.6	10.8
Avg Days WSH	20.7	18.4	29.8	34.5	45.9	48.4	27.7	20.1	33.1	29.2	29.1	17.0	24.4	26.3	29.7	31.0
Avg Days State	21.2	19.6	27.4	32.8	41.2	41.8	28.0	29.0	38.8	33.8	27.5	16.3	21.1	22.9	25.8	28.1
Target	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

- **Figure 3.** This chart reflects the average wait time for admission for competency restoration referrals only (including PRs).
- ***Outcomes*****:** During the reporting period, both WSH and ESH had an increase in waits times; a little more than one day average increase for WSH and a little more than four day average increase for ESH.
- ***Drivers*****:** The increases in wait times at WSH and ESH are attributed to increased competency restoration referrals coupled with a lack of capacity, prolonged through-put due to orders extending restoration times (ie. 90-day orders extended to 180-day orders for additional restoration treatment), and long waiting lists. This quarter saw the most referrals made since tracking began (see Figure 14), and represents a 19% increase over Q3 2016 (see Figure 14).

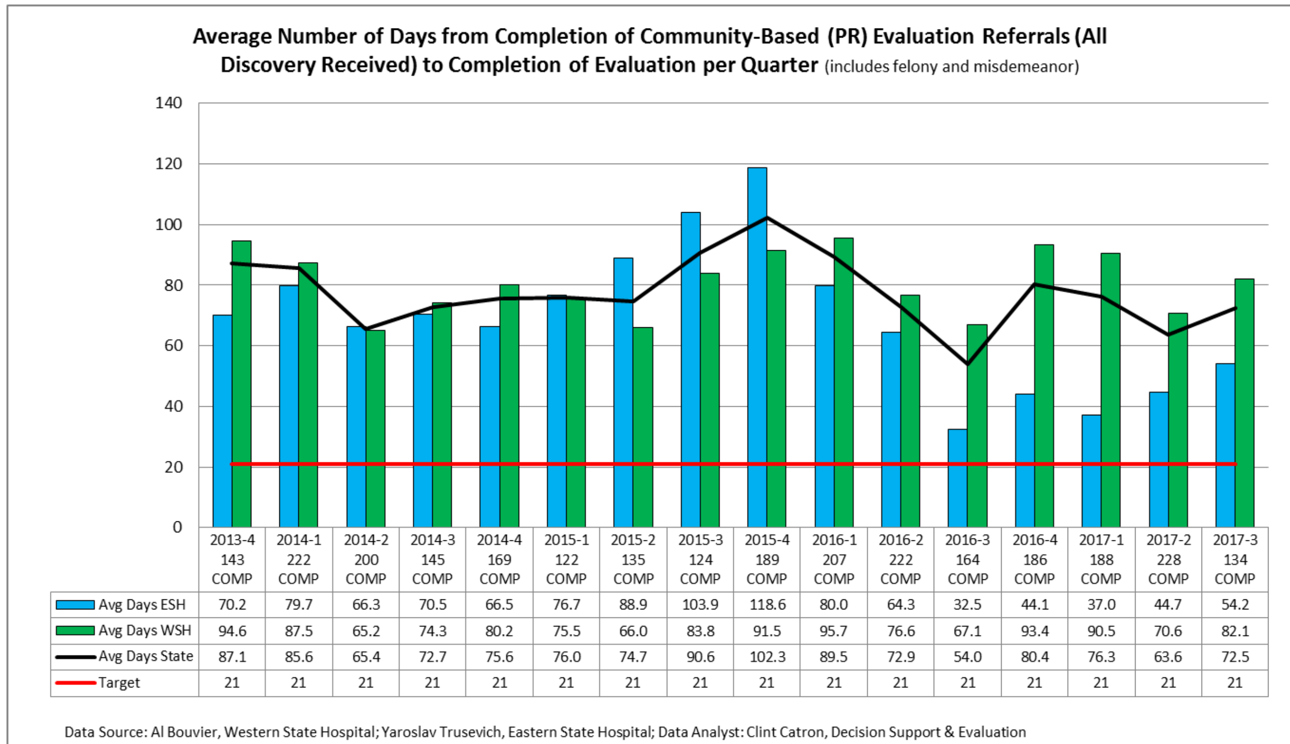
Figure 4: average number of days to complete a jail based evaluation



	2013-4 459 COMP	2014-1 530 COMP	2014-2 563 COMP	2014-3 505 COMP	2014-4 506 COMP	2015-1 547 COMP	2015-2 553 COMP	2015-3 628 COMP	2015-4 616 COMP	2016-1 745 COMP	2016-2 689 COMP	2016-3 753 COMP	2016-4 758 COMP	2017-1 710 COMP	2017-2 760 COMP	2017-3 843 COMP
Avg Days ESH	60.2	63.6	56.3	50.0	55.3	55.1	73.5	53.6	37.1	19.1	12.0	13.4	11.6	5.6	11.3	11.5
Avg Days WSH	17.8	17.8	14.7	14.1	13.4	12.6	12.2	17.2	13.8	8.7	8.2	10.7	12.3	9.5	9.7	10.7
Avg Days State	25.3	26.1	21.3	20.9	21.6	20.9	20.5	23.2	18.3	11.0	9.0	11.2	12.2	8.6	10.0	10.9
Target	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

- **Figure 4.** This chart provides information on the average number of days to complete a jail-based evaluation from the receipt of all discovery.
- ***Outcomes*****:** During the reporting period, both WSH and ESH experienced a slight increase in average completion times. These slight increases at WSH and ESH are not statistically significant and, since Q1 2016, the state average for completion of jail-based evaluations has remained within a couple days for completion times (8.6 days-11.0 days). This is significant given that completion times have remained relatively static even while referrals have climbed dramatically (see Figure 8); The 905 referrals in this reporting period is second highest recorded since the *Trueblood* decision and is a 38% increase from when the *Trueblood* decision came down (Q2 2015)).
- ***Drivers*****:** This time period for completions, since Q1 2016, represents significant improvement over performance prior to 2016. This improvement in performance reflects the work done by DSHS/OFMHS to increase the number of evaluators on staff (added 21 evaluators since 2015), partner with independent evaluation providers in the community, and working with jails (providing greater access, and assisting in scheduling) to further bolster efforts. Continued utilization of improvements in technology (laptops, digital dictation, and cellular phones) has also helped.

Figure 5: competency evaluation time frame completion for PR cases

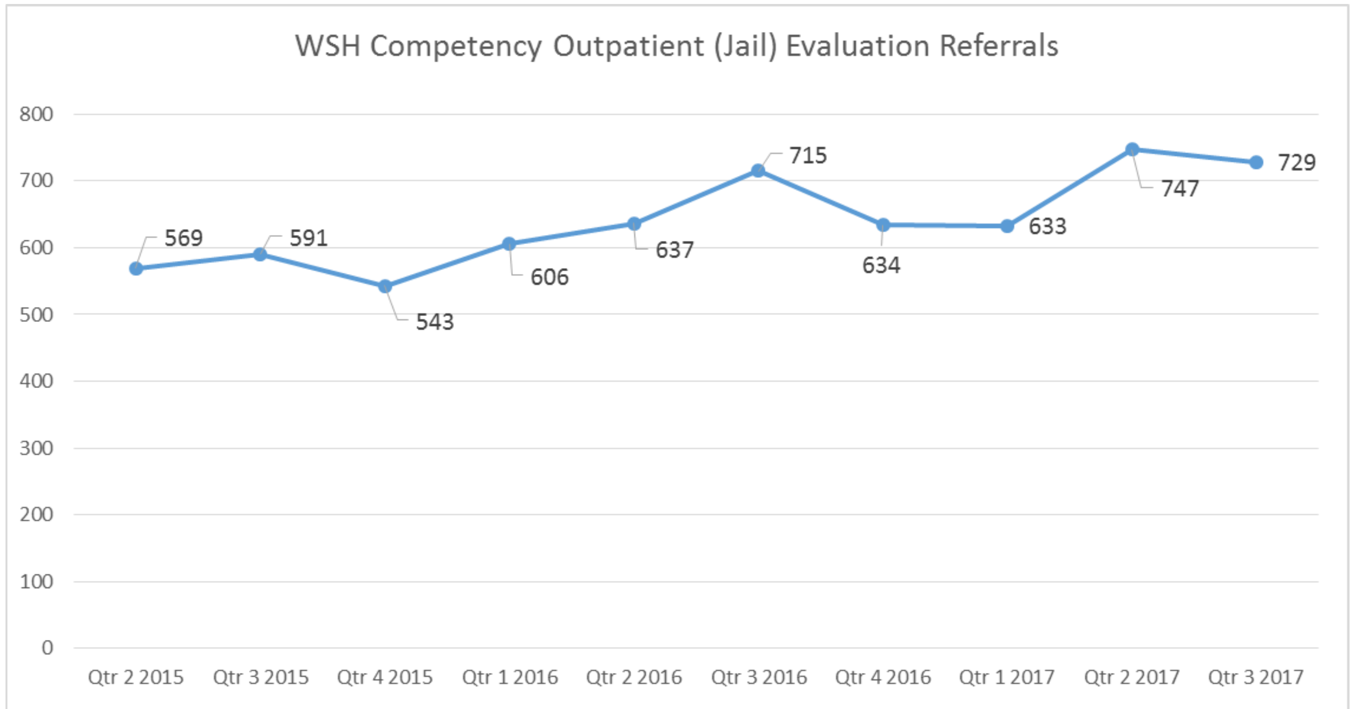


	2013-4 143 COMP	2014-1 222 COMP	2014-2 200 COMP	2014-3 145 COMP	2014-4 169 COMP	2015-1 122 COMP	2015-2 135 COMP	2015-3 124 COMP	2015-4 189 COMP	2016-1 207 COMP	2016-2 222 COMP	2016-3 164 COMP	2016-4 186 COMP	2017-1 188 COMP	2017-2 228 COMP	2017-3 134 COMP
Avg Days ESH	70.2	79.7	66.3	70.5	66.5	76.7	88.9	103.9	118.6	80.0	64.3	32.5	44.1	37.0	44.7	54.2
Avg Days WSH	94.6	87.5	65.2	74.3	80.2	75.5	66.0	83.8	91.5	95.7	76.6	67.1	93.4	90.5	70.6	82.1
Avg Days State	87.1	85.6	65.4	72.7	75.6	76.0	74.7	90.6	102.3	89.5	72.9	54.0	80.4	76.3	63.6	72.5
Target	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21	21

- **Figure 5.** This chart provides information on the average number of days to complete PR evaluations from the receipt of all discovery.
- ***Outcomes*****:** During the reporting period, both WSH and ESH experienced an increase in average completion times; WSH completion times rose by 11.5 days, ESH completion times rose by 9.5 days.
- ***Drivers*****:** The increase in completion times, with fewer total completions during this quarter, are attributed to resources having been directed to cases involving *Trueblood* class members as the number one completion priority based on established constitutional rights from the *Trueblood* court order. In working to meet those constitutional time frames, the Department also is faced with monthly fines now nearing $4 million each month. As such, resource allocation demands that DSHS/OFMHS focus its efforts in such a way as to mitigate, as much as possible, the impacts of these constitutional violations and related fines.

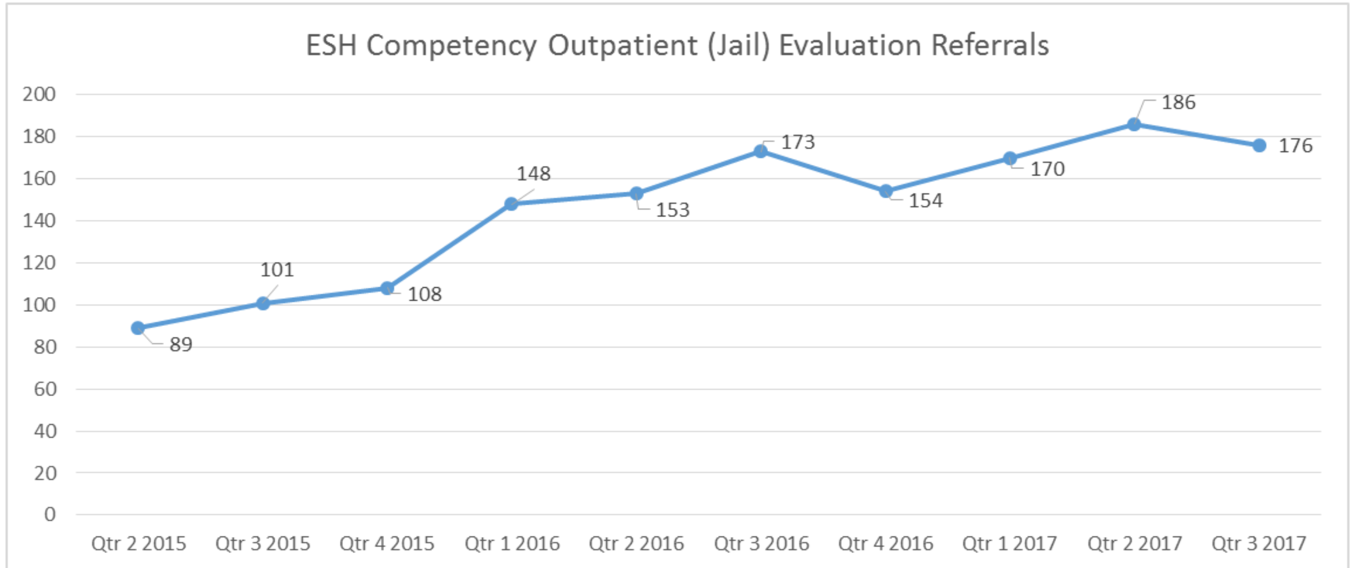
Figures 6-14: show ***global referral data*** to illustrate total quarterly referrals for jail-based evaluations, inpatient evaluations, and restoration services for WSH, ESH, and both hospitals combined.

Figure 6: shows total WSH referrals for jail-based evaluations



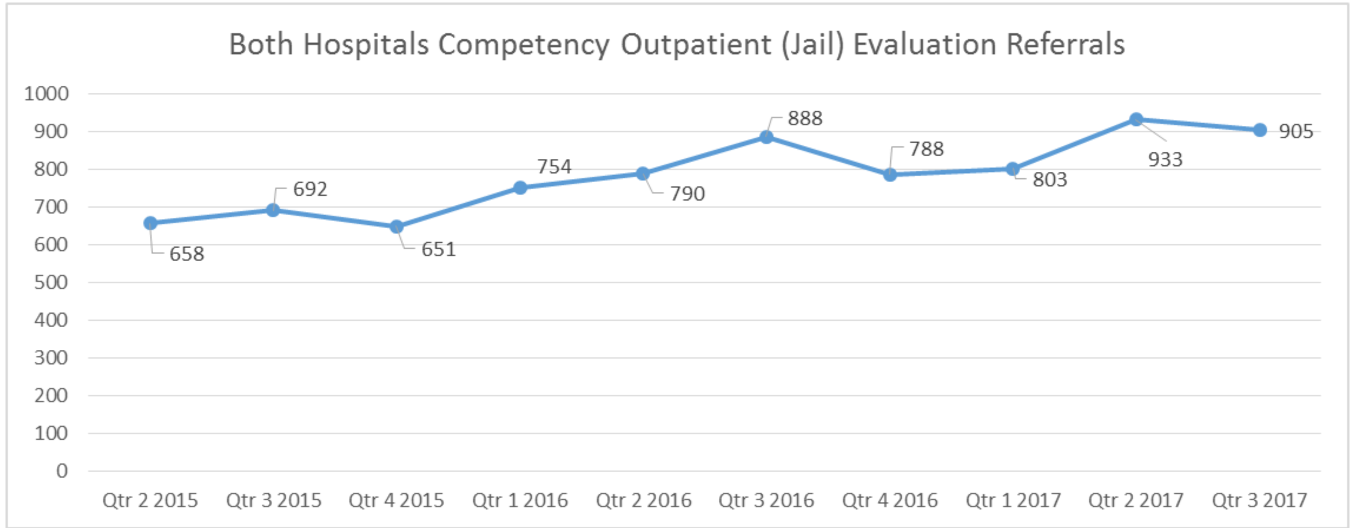
- **Figure 6.** This chart illustrates WSH total quarterly referrals for jail-based evaluations.
- ***Outcomes*****:** During the reporting period, WSH hospital saw a slight decrease in referrals from the previous quarter. However, over the period charted above, the average quarterly referral total was 640; Q3 2017 was 13.9% above that average.
- ***Drivers*****:** Referrals for competency evaluation have increased significantly over this time period. This strongly suggests a "build it and they will come" effect; improved efficiency in providing consumers with a highly valued forensic service has itself increased the demand for that service. This is a well-known effect also seen in other supply and demand phenomena, such as the energy industry.

Figure 7: shows total ESH referrals for jail-based evaluations



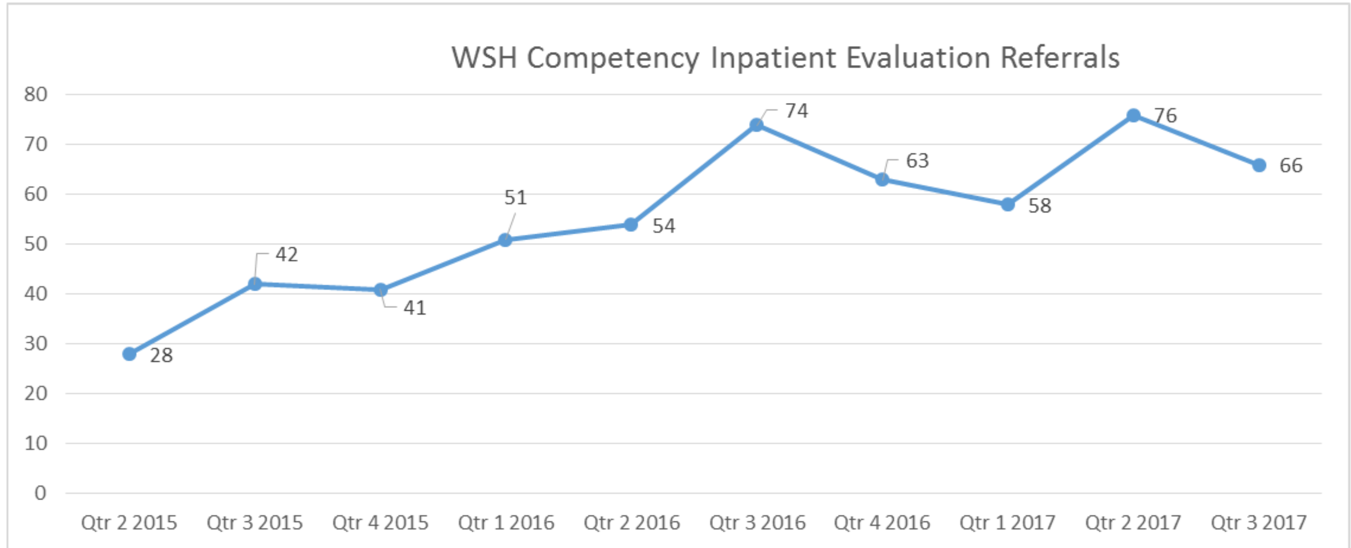
- **Figure 7.** This chart illustrates ESH total quarterly referrals for jail-based evaluations.
- ***Outcomes*:** During the reporting period, ESH hospital also saw a slight decrease in referrals from the previous quarter. However, over the period charted above, the average quarterly referral total was 146; Q3 2017 was 20.5% above that average.
- ***Drivers*:** As with Figure 6, the overall trend of increasing referral totals is driven by demand. As the Department has increased capacity and gained efficiencies in its processes, the criminal court system and mental health community have demanded the Department's services at a pace that has outstripped gains made in capacity and efficiencies.

Figure 8: shows total WSH and ESH combined referrals for jail-based evaluations



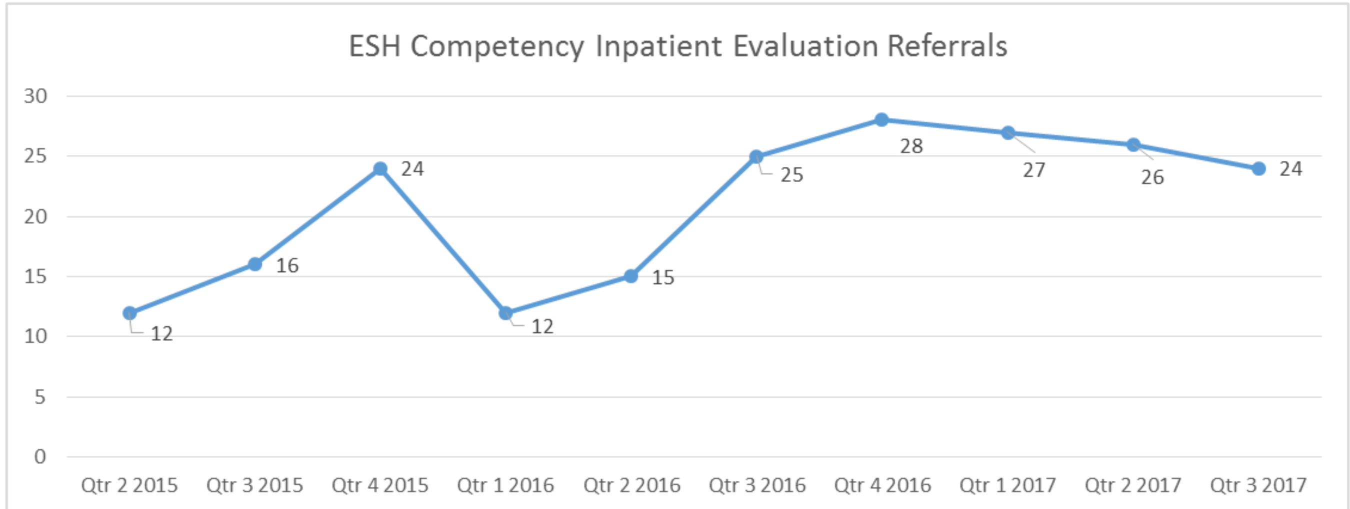
- **Figure 8.** This chart illustrates the combined total quarterly referrals for jail-based evaluations.
- ***Outcomes*****:** During the reporting period, there was a slight decrease in total referrals for both hospitals combined as compared with the previous quarter. However, over the period charted above, the average quarterly referral total was 786; Q3 2017 was 15.1% above that average.
- ***Drivers*****:** The combined number of jail-based referrals to the hospitals, again, strongly suggest a "build it and they will come" effect; improved efficiency in providing consumers with a highly valued forensic service has itself increased the demand for that service.

Figure 9: shows total WSH referrals for inpatient evaluations



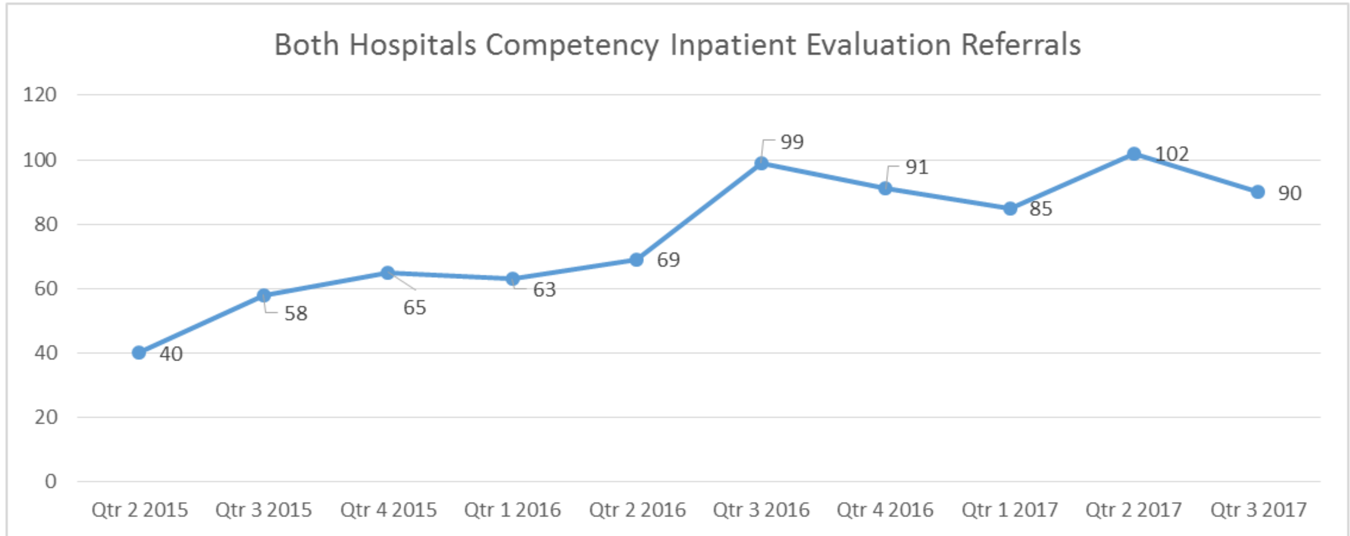
- **Figure 9.** This chart illustrates WSH total quarterly referrals for inpatient evaluations.
- ***Outcomes*****:** During the reporting period, WSH hospital saw a slight decrease in referrals from the previous quarter. However, over the period charted above, the average quarterly referral total was 55; Q3 2017 was 20.0% above that average.
- ***Drivers*****:** As evaluation referrals have increased, evaluators are seeing an increasing number of defendants in jail for an initial attempt at evaluation early in the process. This means an increased number of defendants who refuse to meet with the evaluator, which may then translate into increased numbers of inpatient evaluations. Additionally, if the time frame for an inpatient evaluation admission is shorter than a jail-based referral, and increase in the number of defendants being ordered into the hospital for evaluation would be predicted.

Figure 10: shows total ESH referrals for inpatient evaluations



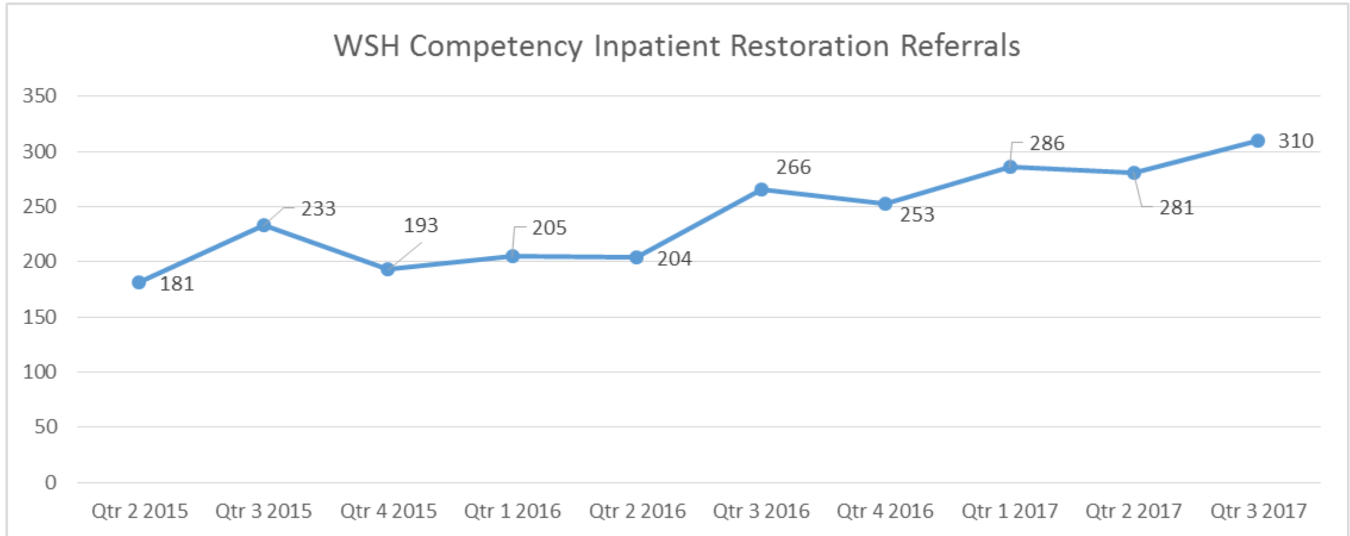
- **Figure 10.** This chart illustrates ESH total quarterly referrals for inpatient evaluations.
- ***Outcomes*****:** During the reporting period, ESH hospital also saw a slight decrease in referrals from the previous quarter. However, over the period charted above, the average quarterly referral total was 21; Q3 2017 was 14.3% above that average.
- ***Drivers*****:** The overall trend of increasing referral totals may simply be a matter of more individuals presenting with psychological issues while needing adjudication of various charges. An examination of which of these charges are misdemeanors and which are felonies may shed light on why there has been more demand for inpatient services. The significant increases (both in raw numbers and as percentage increases) in jail-based evaluation orders in this time period may also be causing some orders to specify inpatient services instead of jail-based.

Figure 11: shows total WSH and ESH combined referrals for inpatient evaluations



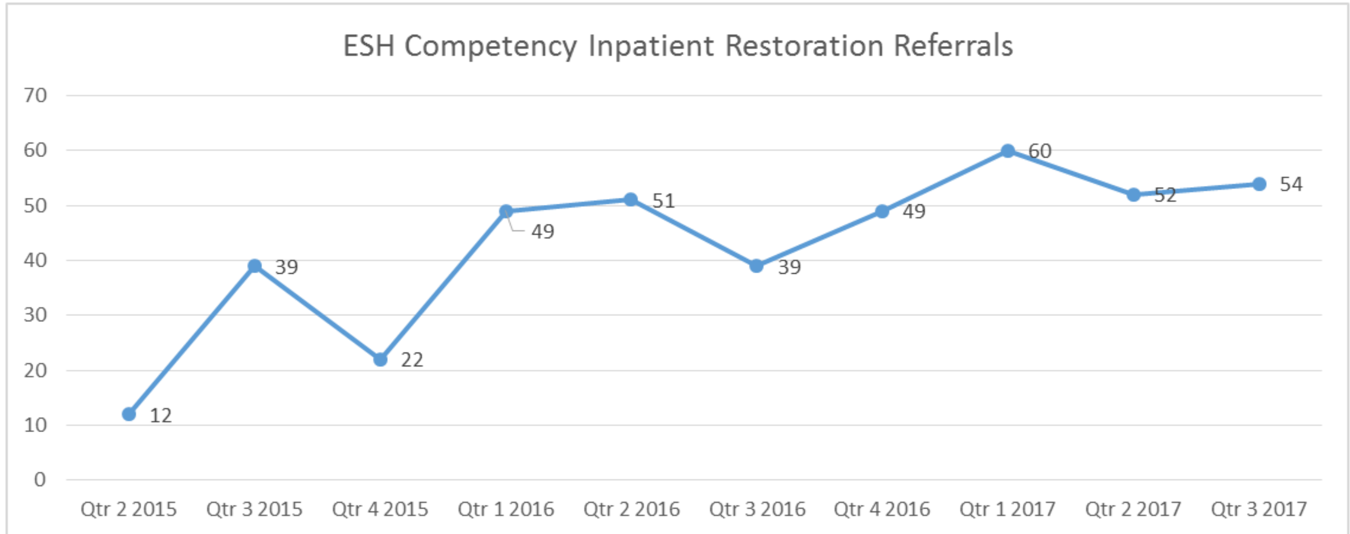
- **Figure 11.** This chart illustrates the combined total quarterly referrals for inpatient evaluations.
- ***Outcomes*****:** During the reporting period, there was a slight decrease in total referrals for both hospitals combined as compared with the previous quarter. However, over the period charted above, the average quarterly referral total was 76; Q3 2017 was 18.4% above that average.
- ***Drivers*****:** As contemplated in Figures 9 & 10, there are a number of factors potentially driving the overall numbers seen in Figure 11. With more defendants presenting with psychological issues at court, many defendants refusing to meet with evaluators for jail-based evaluations, and the shorter mandated time frame for inpatient admissions v. jail-based referrals, there would naturally be a predictable result of increased inpatient evaluation referrals.

Figure 12: shows total WSH referrals for inpatient restoration



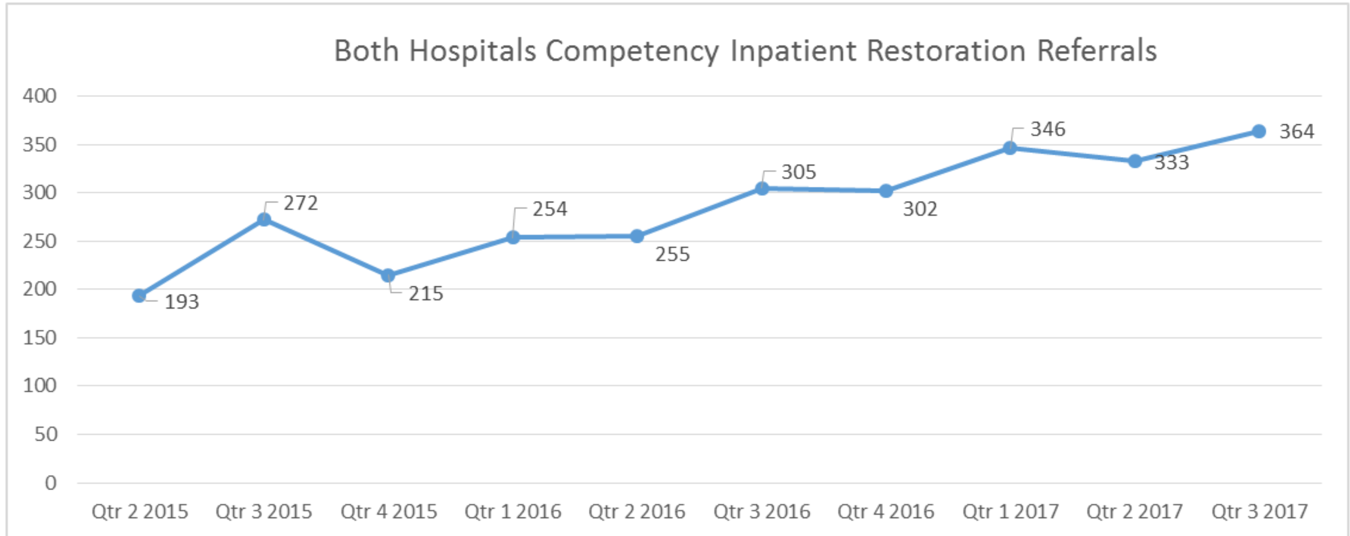
- **Figure 12.** This chart illustrates WSH total quarterly referrals for inpatient restorations.
- ***Outcomes*:** During the reporting period, WSH hospital saw a significant increase in referrals from the previous quarter. The total of 310 restoration referrals in Q3 2017 is the highest yet recorded. Moreover, during the period prior to Q3 2017 charted above, the average quarterly referral total was 234; Q3 2017 was 32.7% above that average.
- ***Drivers*:** As referrals have increased (see Figures 6 & 9), the number of evaluations has increased and, thus, the number of defendants opined by evaluators to be Incompetent to Stand Trial (IST). Courts have responded accordingly by ordering an increased number of IST defendants into Western State Hospital for restoration.

Figure 13: shows total ESH referrals for inpatient restoration



- **Figure 13.** This chart illustrates ESH total quarterly referrals for inpatient restorations.
- ***Outcomes*****:** During the reporting period, ESH hospital saw a slight increase in referrals from the previous quarter. Over the period charted above, the average quarterly referral total was 43; Q3 2017 was 25.6% above that average, and 38.5% above the Q3 totals for 2015 and 2016.
- ***Drivers*****:** The overall trend of increasing referrals (see Figures 7 & 10) may be due to a number of different factors. However, similar to the drivers contemplated in Figure 12 with regard to Western State Hospital, the increase in evaluation orders naturally leads to an increase in patients being opined IST which, in turn, results in an increase in courts ordering more competency restoration services.

Figure 14: shows total WSH and ESH combined referrals for inpatient restorations



- **Figure 14.** This chart illustrates the combined total quarterly referrals for inpatient restorations.
- ***Outcomes*:** During the reporting period, the two hospitals saw a significant increase in referrals from the previous quarter. The total of 364 restoration referrals in Q3 2017 is the highest yet recorded. Moreover, during the period prior to Q3 2017 charted above, the average quarterly referral total was 275; Q3 2017 was 32.4% above that average.
- ***Drivers*:** The increasing referral total is driven by a remarkable increase in demand. The increase in evaluation orders naturally leads to an increase in patients being opined IST which, in turn, results in an increase in courts ordering more competency restoration services.

  The data also illustrate a marked increase in demand for restorations services, even as evaluation services have leveled off and even fallen slightly. An examination of how these referrals break down with regard to misdemeanor v. felony, as well as trends seen nationally may also provide greater context.

ACTIONS TAKEN

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

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

The Office of Forensic Mental Health Services (OFMHS) is responsible for the leadership and management of Washington's forensic mental health care system, and is addressing the increase in demand for mental health services for adults and youth in the criminal justice system. The OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity (NGRI) treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. The OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of: forensic mental health services; data management and resource allocation; training and certification of evaluators; quality monitoring and reporting. The OFMHS works in collaboration with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal justice system. Significant public resources have been invested in providing the high quality and empirically supported services of OFMHS. Two major goals for OFMHS during this period were to (1) best-utilize current bed capacity, (2) gain efficiencies in the process of evaluation delivery, and (3) prosecutorial diversion programs and implementation of five RFP's using *Trueblood* fines.

Below are the key actions that occurred during this period to decrease wait times.

1. **Best-Utilize Current Bed Capacity**

   During this period, a focus on keeping beds full at all facilities (ESH, WSH, Maple Lane, and Yakima) was a continued key strategy. Despite the added capacity, and keeping beds full, the system has shown significant increase in demand that is outpacing this added capacity.

   A needs projection and bed capacity study has been undertaken with TriWest Group, a consultancy organization, to determine the feasibility of and timeframe for compliance with court orders. The impact of community based competency evaluation on the demand for inpatient competency evaluation and restoration beds will also be measured by TriWest Group.

   A replacement for the previously departed Community Liaison and Diversion Specialist was on-boarded and has renewed OFMHS efforts in reducing demand for beds by working with community stakeholders to find and utilize available resources outside the criminal

justice system that will meet the needs of this population while fulfilling OFMHS requirements under *Trueblood*.

Triage services have continued in an effort to identify individuals for whom expedited admissions may be appropriate. This program, called TCEA (Triage Consultation and Expedited Admissions) identified and accepted requests for 25 individuals for expedited admissions during this period.

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

2. Gain Efficiencies in Process of Evaluation Delivery

During the period 2015 – 2017, 21 evaluators were added to current staff levels. Additionally, relationships with community evaluation services providers were established, allowing for panel evaluations to be done by counties and individual service providers to perform evaluations and bill DSHS/OFMHS directly. These relationships have improved evaluation completion times in many instances, despite the ever-increasing demand.

Additional efforts have also been made in the area of workforce development. Specifically, staff evaluators were offered training, with national experts in the field of competency evaluations, as a part of ongoing efforts to create and maintain the most highly trained and efficient staffing possible.

3. Fund Prosecutorial Diversion Programs & RFP's Using *Trueblood* Fines

During this reporting period, prosecutorial diversion pilot programs were funded. These programs allow a prosecutor to use their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The intent of these programs is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization, into needed behavioral health treatment.

Trueblood-Fine funded programs awarded funding to begin July 1, 2017 include: King County (BHO); Sunrise Services, Inc.; Comprehensive Health Care; Great Rivers (BHO); Kitsap Mental Health Services. Three more programs have been awarded funding, to begin in December, 2017. These are in addition to state-funded diversion pilot programs that began more than a year ago; these include: Pacific County (program focused on misdemeanors, began September, 2016); Spokane County (program focused on those with misdemeanor and low-level felonies, began October, 2016); Greater Columbia (program focused on misdemeanors, began November, 2016); King County (program focused on misdemeanors and low-level felonies, began January, 2017).

NEXT STEPS

Future reports will provide continued progress reporting, with a focus on efforts made in four main areas as it relates to compliance: (1) expanding and best-utilizing bed capacity, (2) increasing throughput for inpatient services, (3) managing in-custody evaluations to reduce barriers so compliance can be reached, and (4) decreasing demand for competency services.

A key area for OFMHS work is to identify and develop, with community stakeholders, programs to reduce the demand of competency services in addition to working with these entities to identify and address the root causes for the continued increases in competency evaluation and restoration referrals.

OFMHS has also undertaken efforts to establish performance standards for the processing of evaluation orders in the hopes of gaining greater efficiencies in the process of completing competency evaluation and restoration services. These standards, if accepted by Labor, will be implemented in the near future.

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

SUMMARY

The Department and OFMHS continue to work on what impacts can be made on these four levers: 1) increase, and best-utilize, bed capacity, 2) increase throughput for inpatient services (quicker turnover in hospitals), 3) manage in-custody evaluations to reduce barriers so compliance can be reached, and 4) decrease demand for competency services.

Ensuring that every bed is best-utilized to meet requirements under *Trueblood*, by maintaining efficient referral and admission practices, is a major key to DSHS/OFMHS work toward achieving compliance. The outcome and recommendations of the TriWest study may also provide new ways of overcoming current obstacles to compliance.

Continued triage and diversion efforts will also facilitate and improve these efforts by managing the inpatient portion of *Trueblood* class members, while also finding acceptable alternatives for those class members deemed suitable for these alternative options.