Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations-Performance Targets 2022 First Quarter (January 1, 2022-March 31, 2022)

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)

June 1, 2022

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

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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 to report to the executive and the legislature following any quarter in which it does not meet the performance target. This reporting must address (1) the extent of the deviation, and (2) any corrective action being taken to improve performance.

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

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

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

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

(B) A maximum time limit of fourteen days;

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

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

(B) A maximum time limit of fourteen days;

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

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

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

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

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

As mandated by RCW 10.77.068(3), the following quarterly report explains the extent to which the hospitals deviated from performance targets in quarter four of 2022 (Jan. 1, 2022-March 31, 2022), and describes the plans to meet these performance targets.

COMPETENCY EVALUATION AND RESTORATION DATA

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

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

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

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

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

DATA ANALYSIS AND DISCUSSION

This section of the report provides visual representation of data from the Forensic Data System as well as outcomes and drivers analysis. Appendices A-C provide a detailed look at the data underlying this report's figures. Additional detailed data and information about timely competency services is available in monthly reports published by DSHS in compliance with requirements established in the April 2015 Trueblood court order. These reports are available on the Office of Forensic Mental Health Services website at:

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

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

Changes to Data Labels, Text, and References Debuted Q4 2021

DSHS' Research and Data Analysis unit updated word usage and naming conventions affecting many of the visual data displays in this report as represented by Figures 1-15 and Appendices A-C. These changes do not affect how any of the metrics are calculated, and are instead intended to more closely align with the labels and text employed by the Behavioral Health Administration's Forensic Data System. FDS deployed in August 2018, and it was only during this most recent report review that RDA realized the language reflected pre-FDS state hospital data system

practices and had inadvertently not been updated to reflect current reporting practices. The following language has changed in this report's figures and charts:

1) All usage of "referral(s)" has changed to "order(s)"

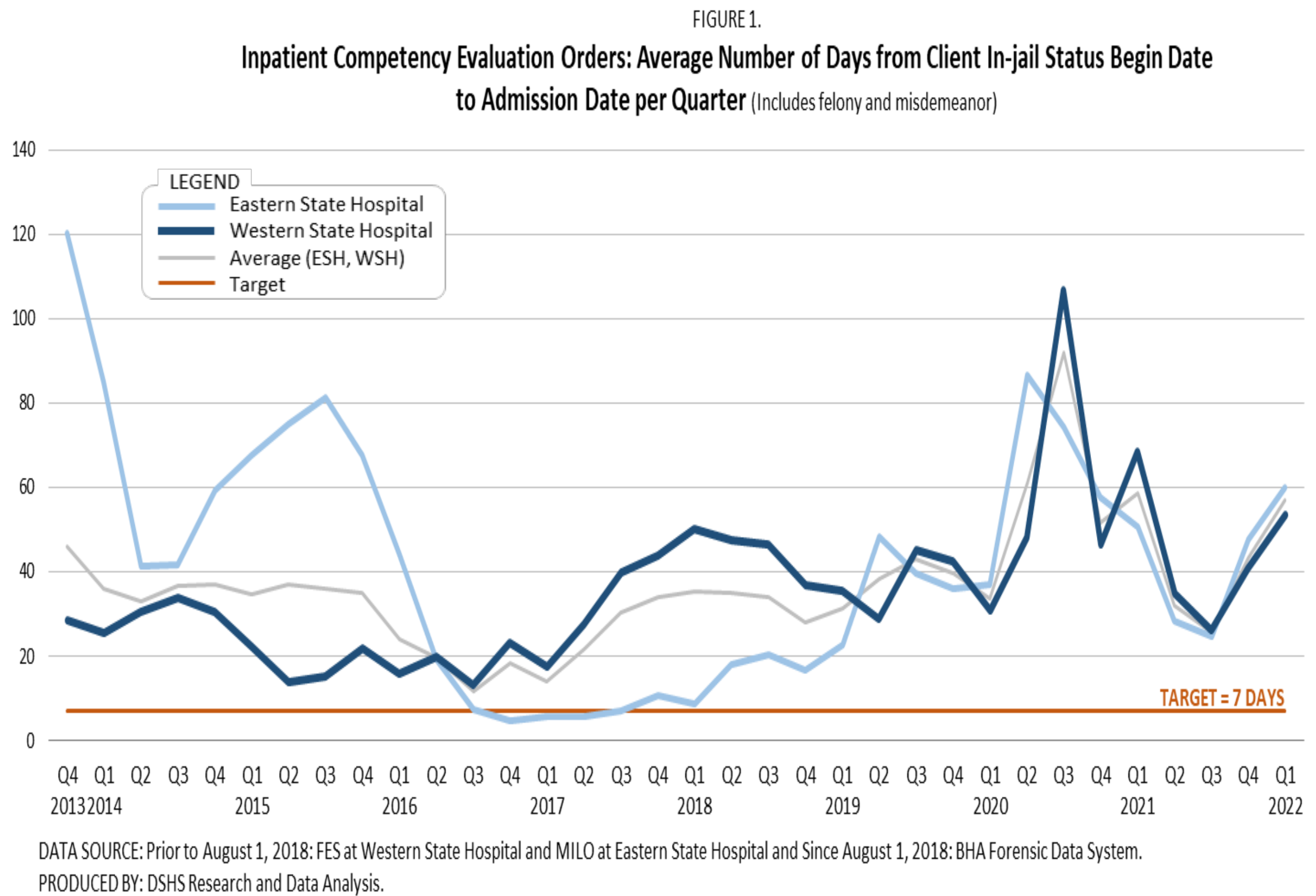
2) All usage of "bed offer(s)" has changed to "admissions"

3) Text that states "from completion of referrals (all discovery received)" has changed to "Client In-Jail or Out-of-jail Status Begin Date."

Competency Services Order Data for Client In-Jail or Out-of-Jail Status Begin Date

Figures 1-5, beginning on the following page, show competency services order data to illustrate total orders signed by calendar quarter for jail-based evaluations, inpatient evaluations, restoration services, PR evaluations, and civil conversions for WSH, ESH, and both hospitals combined when the client competency services order originates while the client is in jail.

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

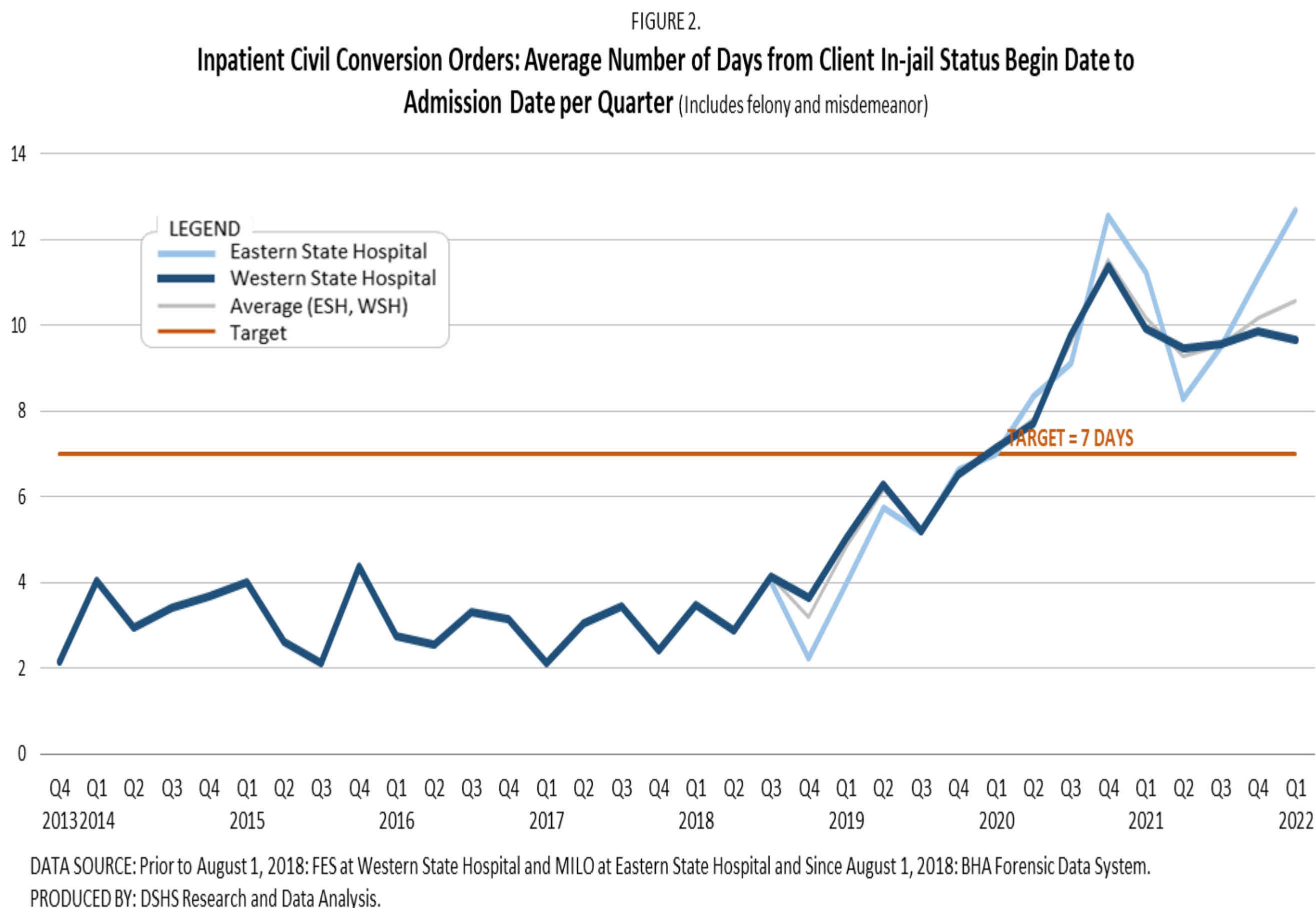


The figure above illustrates the average wait times related to hospital admission for inpatient competency evaluations only to include defendants released on personal recognizance.

- ***Outcomes*****:** During the first quarter of 2022, the average number of days to inpatient evaluation admissions increased significantly by 31.9 percent to 57.1 days. Wait times at WSH, between order for evaluation and admission, increased by 30.7 percent in Q1 2022. ESH wait times increased by 25.5 percent.

- ***Drivers*****:** Q1 orders declined significantly (by 35 percent). The COVID-19 Omicron variant that arrived late in 2021 caused dramatic increases in infections systemwide in January that finally declined part way through February. Due to Omicron outbreaks at BHA facilities during this quarter, admissions were often running well below standard capacity or were entirely on hold to prevent wider COVID-19 outbreaks.

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



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

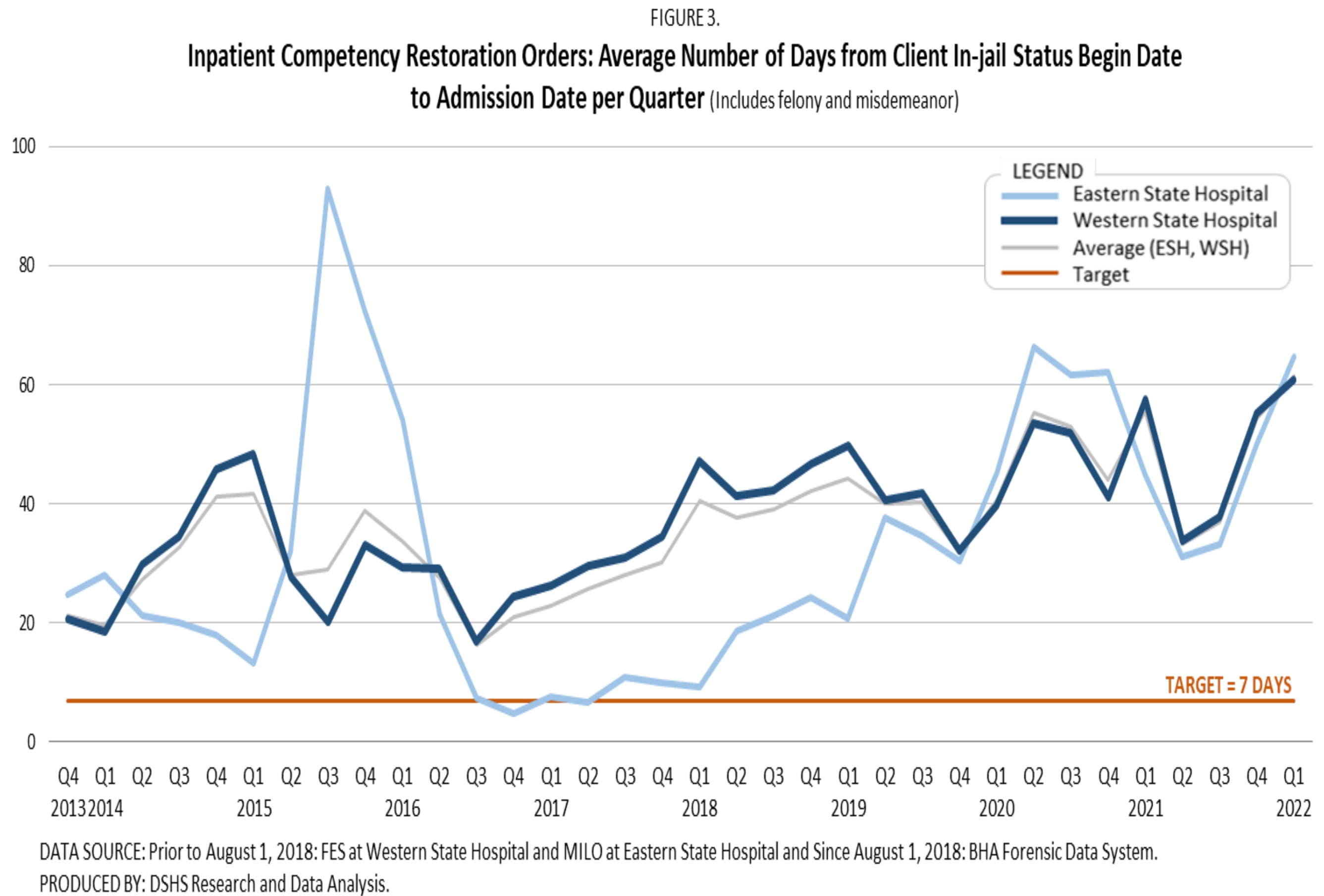
- ***Outcomes*****:** During the reporting period, ESH increased significantly (14.4 percent) to 12.7 days and WSH decreased marginally to 9.7 days, which has resulted in the state's overall average increasing moderately (3.9 percent) to 10.6 days.

- ***Drivers*****:** Overall, this metric has been climbing steadily but slowly for years; however, the COVID-19 pandemic, which began in February 2020, continues to exert its influence on performance in this area and has accelerated performance challenges. Unfortunately, with the recent spread of the Delta variant and then unprecedented case level in BHA facilities from the Omicron variant of COVID-19, our facilities have sustained more operational impacts due to COVID-19 outbreaks as can be seen in the Q3 and Q4 2021 and Q1 2022 performance levels.

  One recent bright spot, however, is the elimination of the long-term forensic risk assessment backlog for civil patients at WSH. Work is in preliminary stages to eliminate

the backlog at ESH as well. Returning to stronger performance in the 7-day target for civil conversions will be substantially aided by staff eliminating the remaining backlog of forensic risk assessments and maintaining clear focus on prioritizing these beds for admissions.

Figure 3. *Shows Results for Competency Restoration Orders*

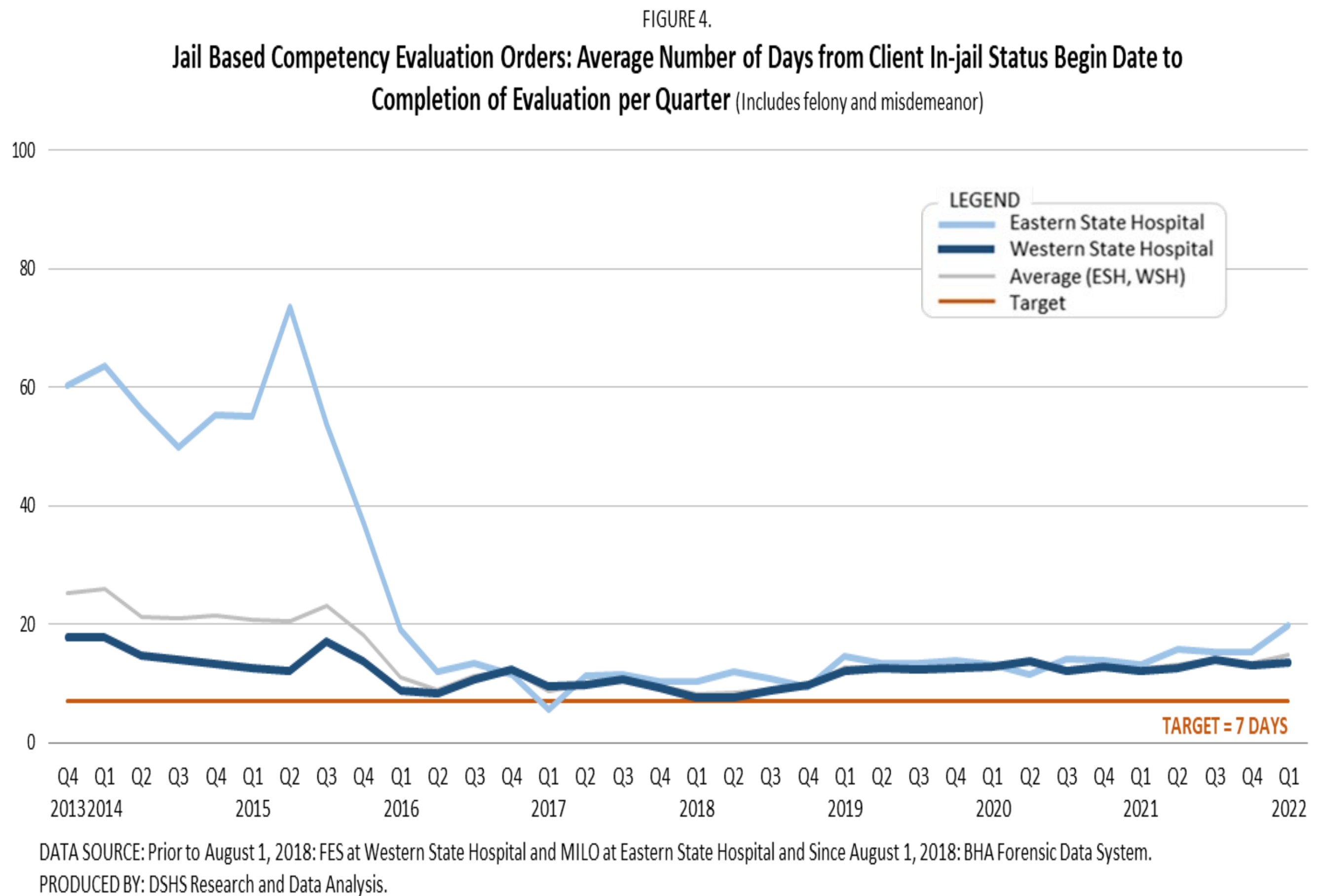


The chart shown above reflects the average wait time for admission for competency restoration orders only to include PR cases.

- ***Outcomes*****:** After reaching record high restoration orders during Q4 2021 (405 orders), during Q1 2022, the number of competency restoration orders decreased 17-percent to 336. Wait times at WSH, between order for restoration and admission, increased moderately (10.3 percent) in Q1 2022. ESH increased significantly (29.1 percent) resulting in a combined increase in wait times of 12.8 percent.

- ***Drivers*****:** In recent quarters, competency evaluation referrals and subsequently inpatient evaluation referrals are rising. There seems to be a level of pent-up demand within the criminal court systems as a result of pandemic related shutdowns in 2020. Many cases that were on personal recognizance for misdemeanors and non-violent felonies were often allowed to remain in the community during the pandemic. These cases now appear to be moving forward impacting downstream orders for restoration. Additionally, while Q1 2022 orders declined, the decline itself was inline with typical seasonal expectations. Year-over-year, Q1 2022 referrals increased almost 10-percent compared to Q1 2021.

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



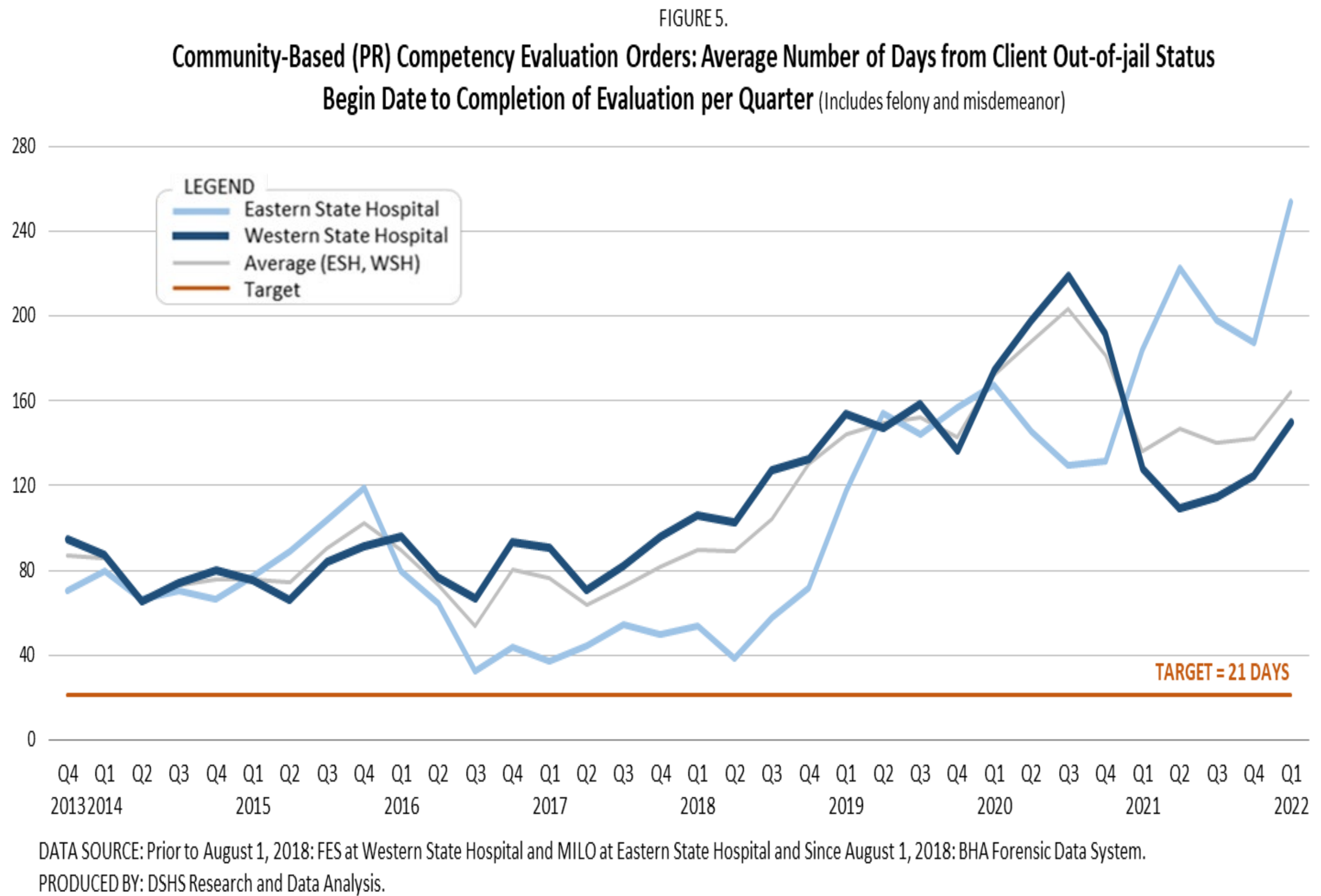
This chart (Figure 4) provides information on the average number of days to complete a jail-based evaluation from the Client In-Jail Status Begin Date.

- ***Outcomes*****:** During the Q1 reporting period, WSH and ESH combined completion times increased moderately (9.6 percent) resulting in an overall 1.3 day increase statewide to 14.8 days on average.

- ***Drivers*****:** Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020. Evaluation demand, for jail-based evaluations, had not been at this level since Q4 2015. This historic collapse in demand [-47.2% in Q2 2020 to 619 evaluations] further serves to illustrate the significance of month-after-month of increases in forensic evaluations and demand for mental health care services that span years and the ways in which this shapes our systems over time. In Q3 and Q4 2020, demand for in-jail evaluations showed substantial recovery, relative to Q2 2020, as the criminal court systems re-opened, and our partners learned together how to continue serving clients in COVID-19 impacted systems. In Q2 2021, jail-based evaluations exceeded 1,000 for the first time since Q1 2020, and in Q3 2021, orders soared 25.2 percent above Q2 levels easily besting the record

demand level set in Q3 2019. Q4 2021 case numbers climbed a much more modest (4.1 percent) continuing to set the standard for record high evaluation demand. Additionally, with the increase of positive cases due to the emergence of the COVID-19 Delta (Q3 2021) and Omicron (December 2021-February 2022) variants, an increasing number of evaluation reports exceeded the required time frames due to quarantine requirements at facilities. In Q4, Delta had just begun to abate before the substantially more virulent Omicron variant became dominant near the end of Q4. Even with Omicron's impacts, the use of telehealth technology to complete remote evaluations when jail access was limited, reduced the overall impacts on jail-based outpatient evaluations. Seasonal variation also contributed to the modest 4-percent decline in referrals in Q1 2022. 1340 jail-based evaluations in Q1 is an all-time record high for Q1 (previous high was Q1 2019 with 1,173), traditionally the slowest period of the year for outpatient evaluations, and year-over-year Q1 2022 increased by 43-percent compared to Q1 2021.

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



This chart above provides information on the average number of days to complete PR evaluation orders from the Client Out-of-jail Status Begin Date.

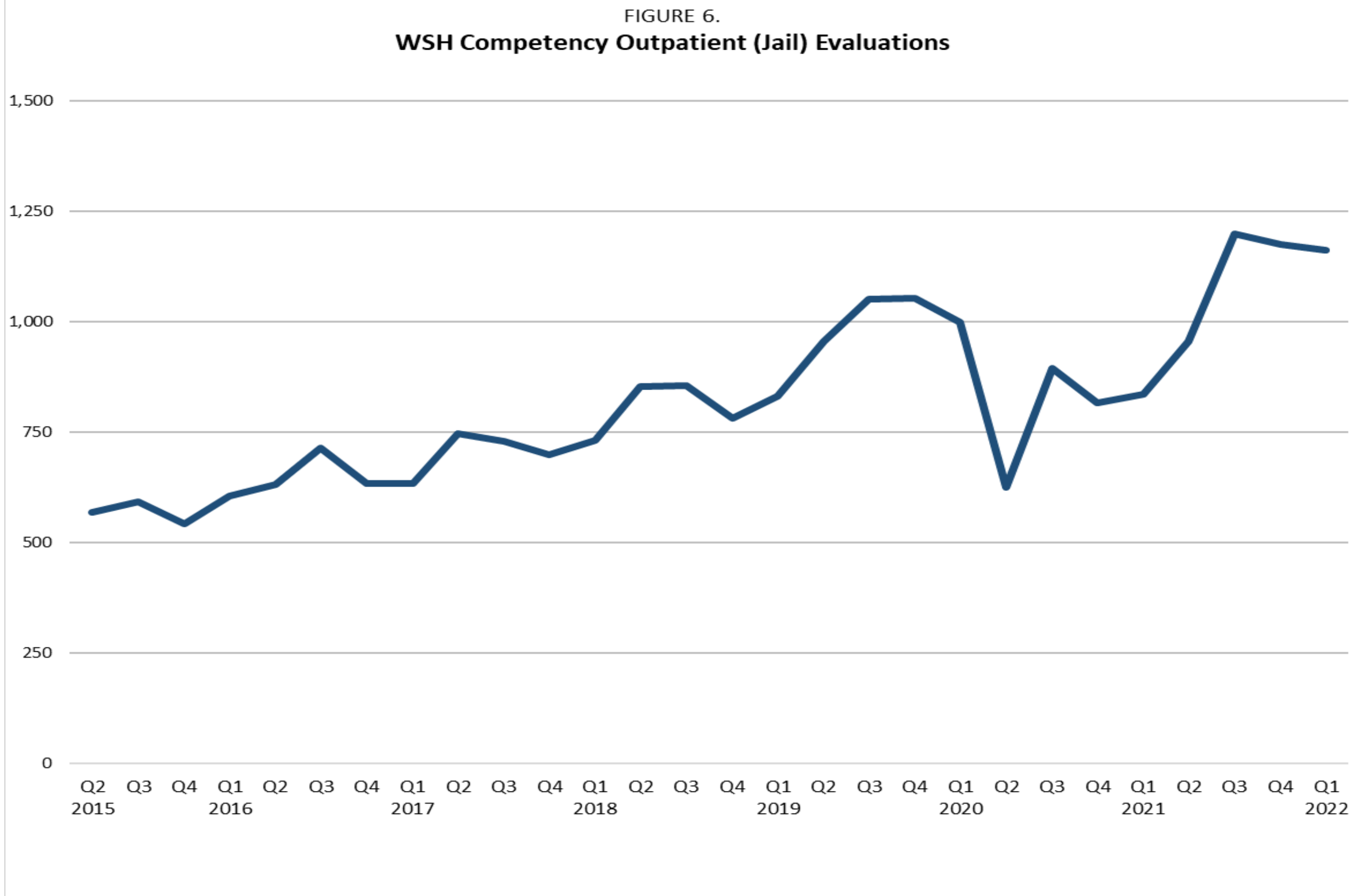
- ***Outcomes*****:** During the Q1 reporting period, WSH saw a significant increase (20.7 percent) in average completion time. In Q1 2022, ESH wait time increased 35.3 percent to a new record high level. Completed orders system wide were moderately lower in Q1 at 159. This represents a 11.2 percent drop from Q4 2021.

- ***Drivers*****:** The quarterly variability and generally upward completion trends are attributed to directing resources to Trueblood cases as the number one completion priority. This is based on established constitutional rights stemming from the Trueblood Court Order and the negotiated Contempt Settlement Agreement. Resource allocation demands that DSHS focus its efforts to mitigate, as much as possible, the impacts of these constitutional violations and related fines for jail-based evaluations (e.g., see Figures 4 & 6-8). Additionally, impacts from the Delta and Omicron variants made it more challenging to schedule PR evaluations in the community and recent persistent staff vacancies are contributing factors to Q1's increase in average days to order completion.

Global Quarterly Order Data

Figures 6-15 show global order data to illustrate total orders signed by calendar quarter for jail-based evaluations, inpatient evaluations, and restoration services for WSH, ESH, both hospitals combined, and for class members ordered to OCRP treatment.

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



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*****:** During the Q1 2022 reporting period, WSH saw a slight decline in quarterly referrals to 1,161 just below the Q3 2021 all-time record of 1,198 (annual averages: 2016=646.25; 2017=701.25; 2018=805.5; 2019=972.5; 2020=833.50; 2021=1,040.75).

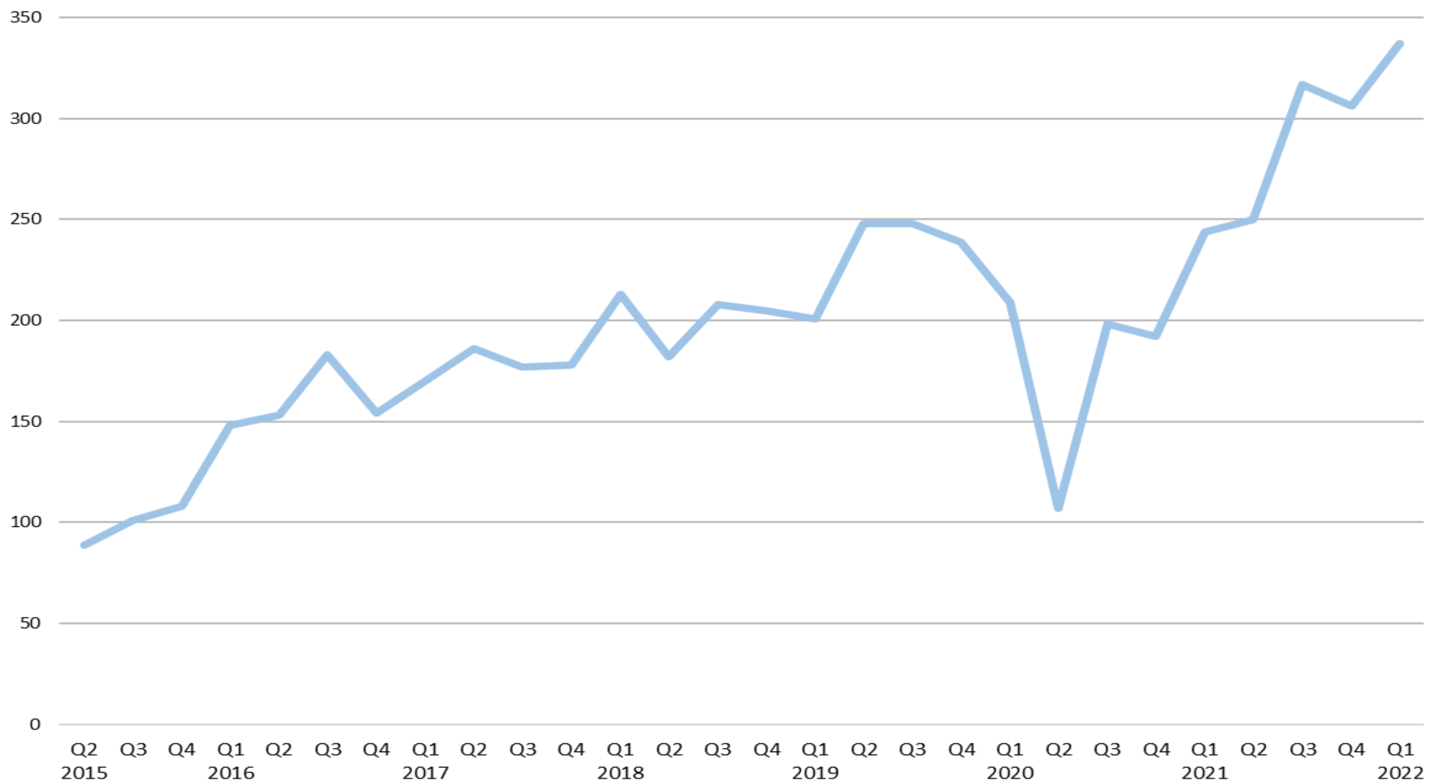
After a decrease for full year 2020 due to COVID-19, 2021 returned to record levels exceeding the 2019 order numbers.

- ***Drivers*: With the exception of the drop in demand in 2020 due to the ongoing COVID-19 pandemic, referrals for competency evaluations have increased significantly over most of the time-period illustrated above. 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 in the energy industry. Recent increasing referral numbers are also suggestive of pent up demand due to delayed prosecutorial charging decisions during the pandemic.

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

FIGURE 7.

ESH Competency Outpatient (Jail) Evaluations



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

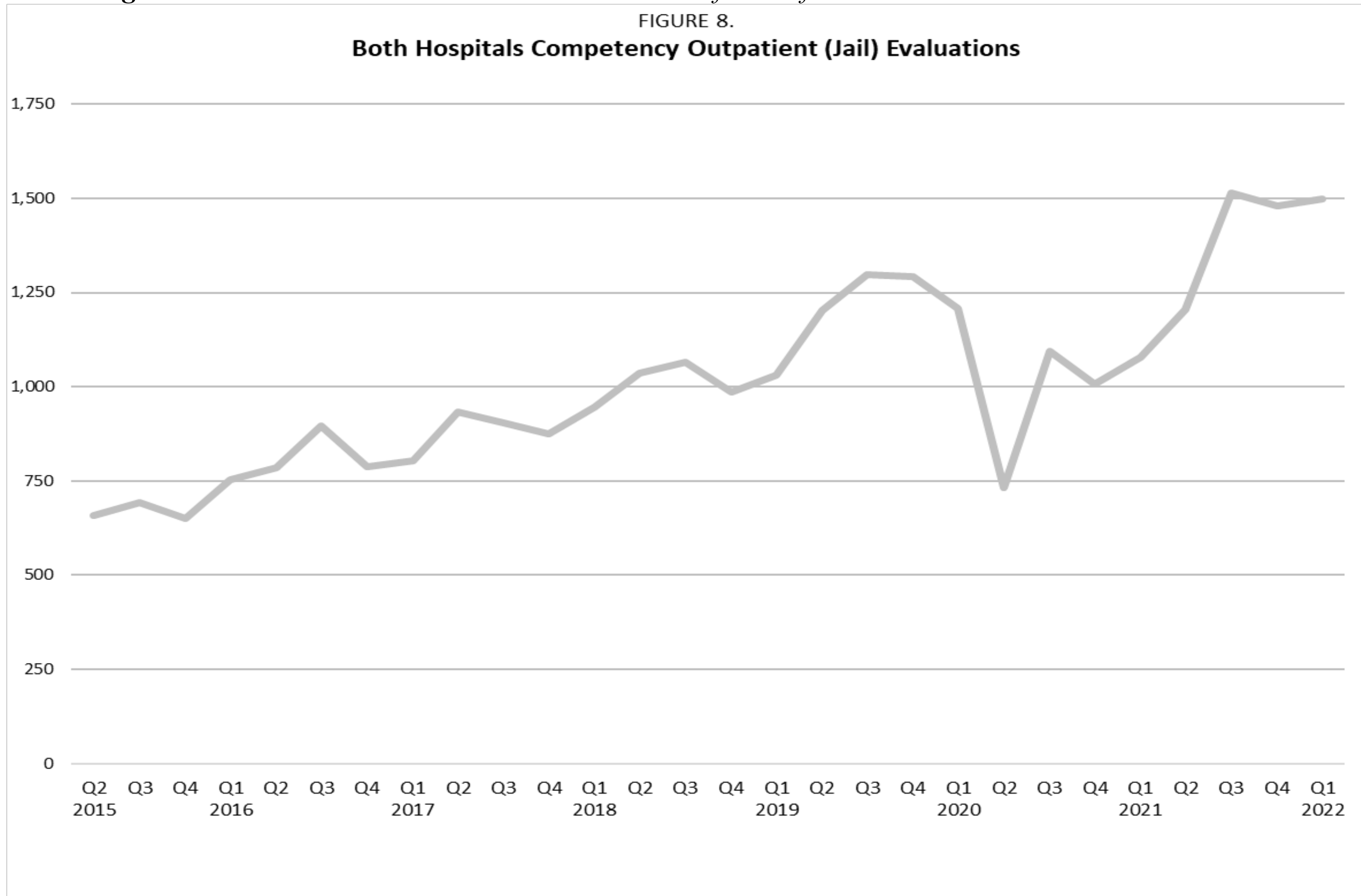
The chart above illustrates ESH total quarterly referrals for jail-based evaluations.

- ***Outcomes*****:** During the Q1 reporting period, ESH's jail-based referrals (337) increased moderately compared to Q4.

- ***Drivers*****:** While the overall trend of increasing referral totals is driven by systemic demand, the sustained decrease in demand seen in Q2-Q4 2020 resulted from the COVID-19 pandemic's arrival in February 2020 and its ongoing impacts to the behavioral health and criminal court systems. As the department has increased capacity and gained efficiencies in its processes, the criminal court system and mental health community have demanded the department's services at a pace that has outstripped gains made in capacity and

efficiencies. Q1 and Q2 2021 saw jail-based competency evaluation demand return to the historic peak in 2019. Significant additional growth in Q3 pushed referrals to record levels, and while demand levelled off slightly and modestly decreased in Q4, orders increased by 10.1 percent to set new record highs in Q1 2022. Q1's increase arrived in spite of seasonal variations in referral levels and the peak of the Omicron variant.

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



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

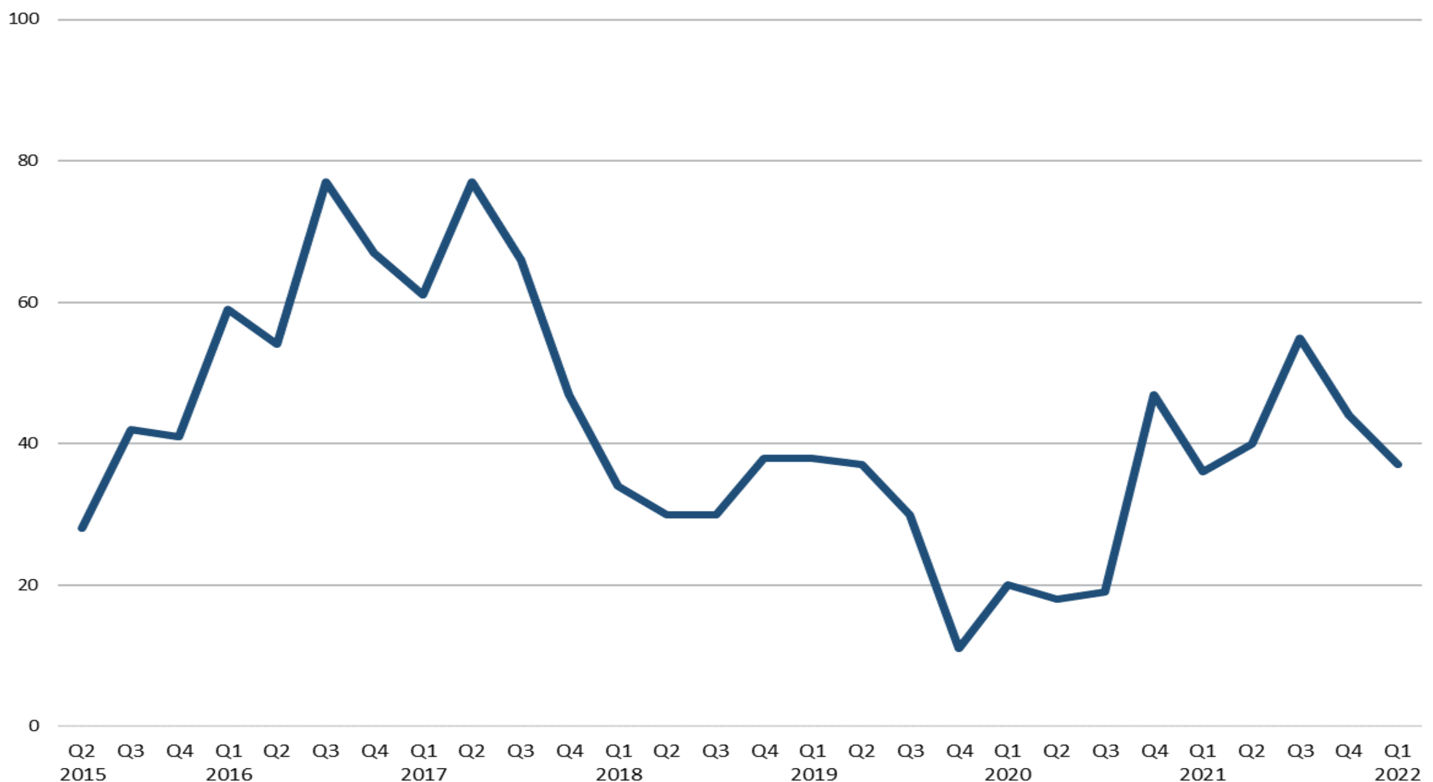
- ***Outcomes*****:** During the Q1 reporting period, there was a slight increase of 1.1 percent in total referrals for both hospitals combined to 1,498 orders. This order level is just below the Q3 2021 quarterly record of 1,514.

- ***Drivers*****:** The combined number of jail-based referrals, again, strongly suggests a "build it and they will come" effect; improved efficiency in providing consumers with a highly valued forensic service has itself increased the demand for that service. Likewise, societal trends suggest a growing population of persons who could benefit from mental health services; thus, it is likely that both pent up and increasing demand are adding strain to our

systems, and over these periods of significant growth in referrals, periodic plateaus or even small decreases in demand occur regularly prior to the next surge in referrals. The emergence of the COVID-19 pandemic in 2020 led to a year-long decrease in demand shown in Figure 8. Jail-based evaluations demand has recovered, and current demand now substantially exceeds the Q3 2019 pre-COVID-19 peak demand.

A portion of this sustained high demand for jail-based evaluations is likely generated from case backlogs and deferred prosecutions due to the pandemic. As criminal courts continue to re-establish standard operations and prosecutors file charges on the large number of cases many jurisdictions have held back during the pandemic-related closures, a significant sub-set of these cases will be referred for competency services.

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



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

<u>NOTE:</u> Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

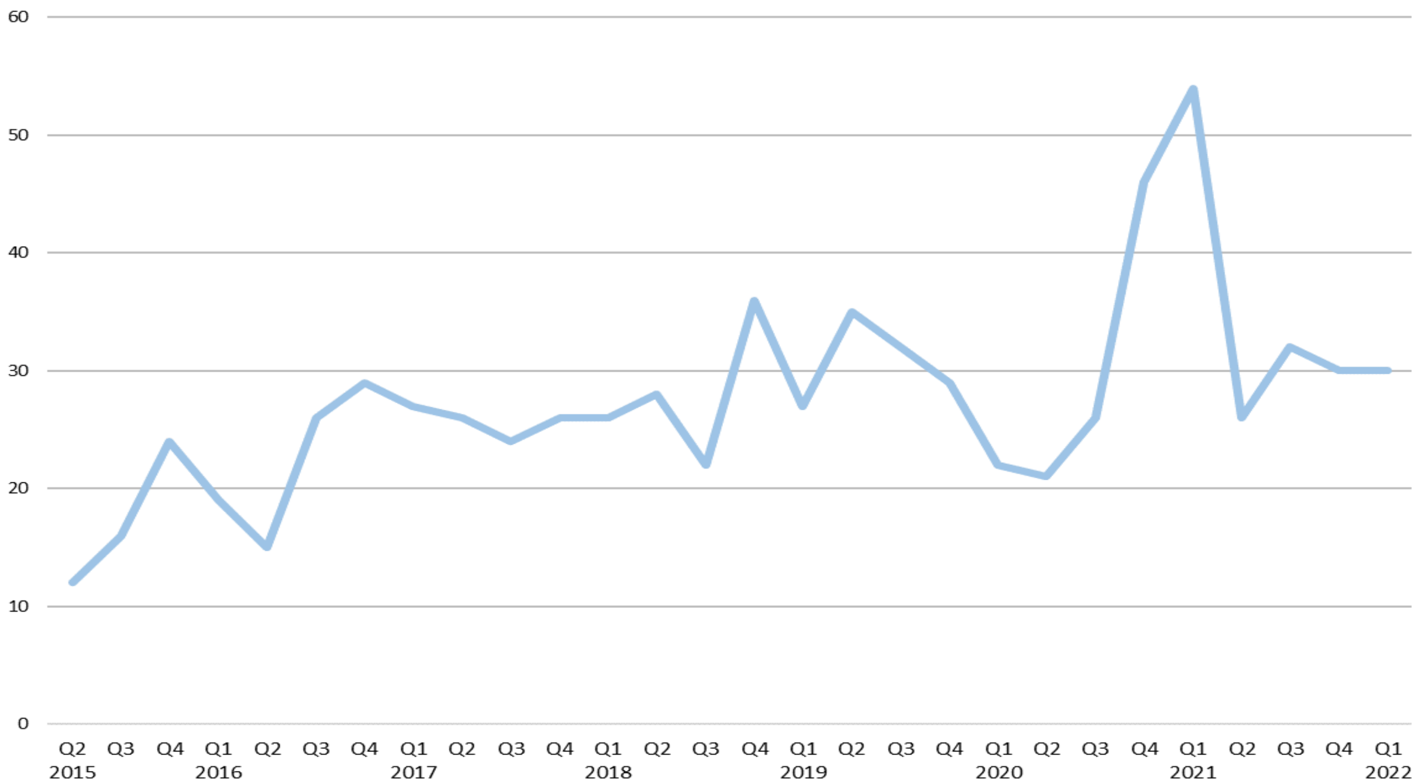
Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q1 2022 reporting period, referrals to WSH decreased significantly as compared to the previous quarter.

- ***Drivers*:** Over the long run, inpatient evaluation referrals have declined punctuated by periodic fluctuations in demand. Fluctuations in demand for inpatient evaluations seem to have a direct relationship to wait times for PR evaluations. As the wait time for non-class member PR evaluations increases, a greater number of clients are ordered to inpatient evaluations. While modest, the current overall trend is for higher numbers of inpatient evaluations, and this is consistent with the long wait times currently for PR cases.

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



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

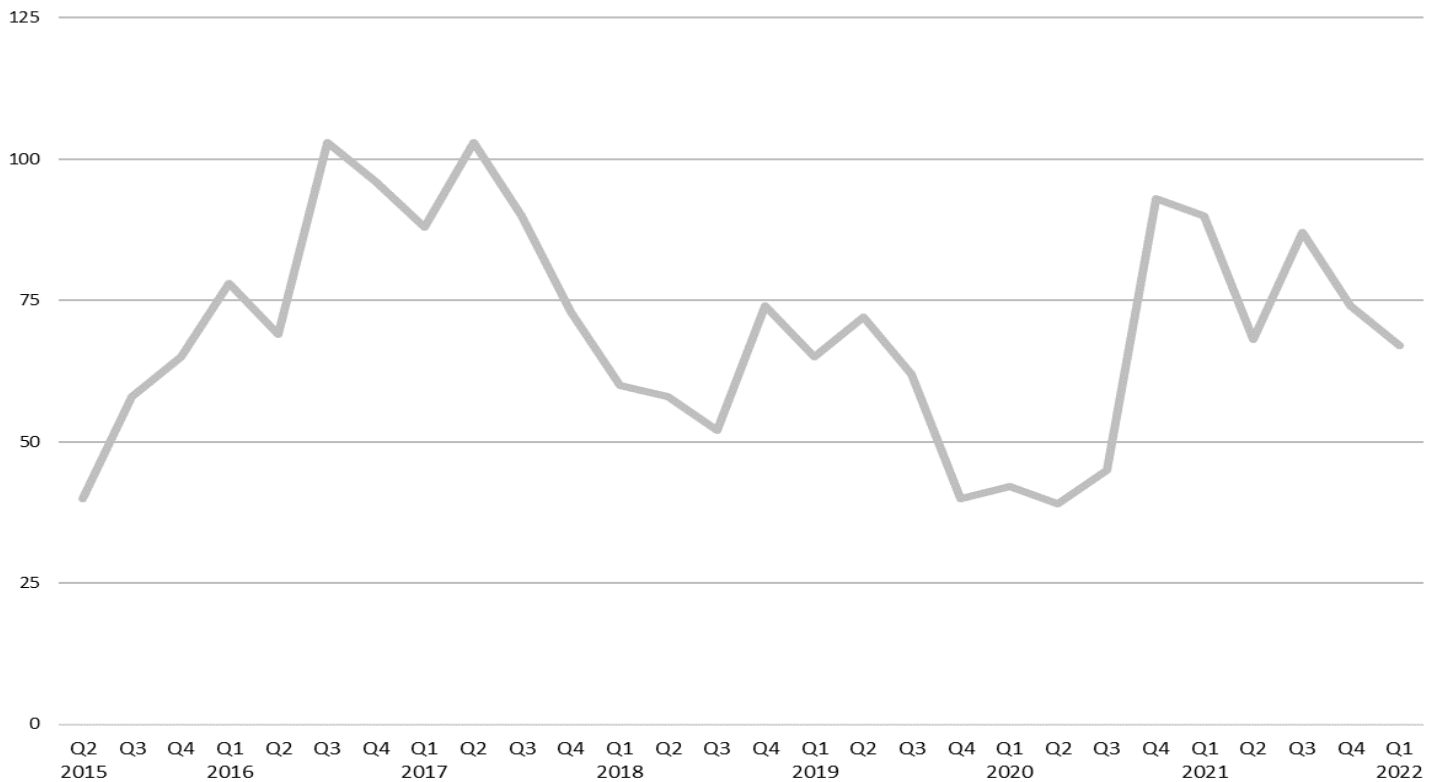
Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*****:** During the reporting period, Q1 2022, ESH inpatient evaluation referrals remained flat for three consecutive quarters.

- ***Drivers*****:** After experiencing two longer-term plateau trends punctuated and set off by demand spikes and drops at the beginning and end of each plateau, more recent demand appears to be contrary to BHA's typical COVID-19 pandemic experience. A significant portion of recent increases consisted of staff referrals for inpatient evaluation completion. Training and supervision efforts have mitigated inpatient referrals for Q2 2021 with a moderate uptick in Q3, and referrals have now held steady through Q1 2022.

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



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

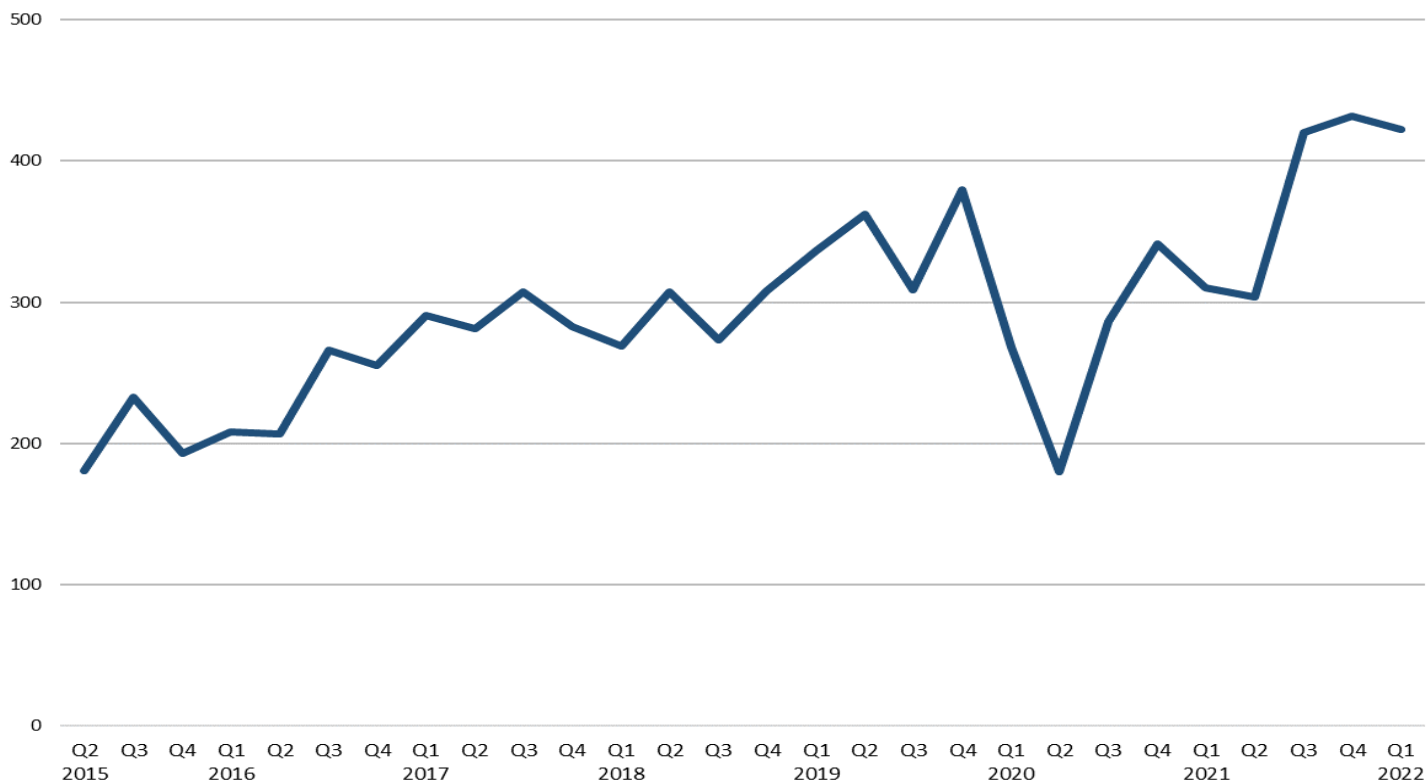
Figure 11 above shows the combined total quarterly referrals for inpatient evaluations.

- ***Outcomes*****:** During the Q1 2022 reporting period, referrals for both hospitals combined decreased by 9.5 percent.

- ***Drivers*****:** As illustrated earlier in Figure 8, it appears as though an apparent preference by the courts and defense counsel, as it pertains to defendant evaluations, to have the vast majority of competency evaluations completed in jail and in community settings as opposed to inpatient settings, continues to persist. Likewise, in response to the COVID-19 pandemic, criminal courts have allowed greater numbers of defendants to be released on PR while awaiting an evaluation. Court orders have flowed to the two hospitals in very

different patterns over the last four years. ESH has grown interminably over this time with its referral load tripling before subsiding to 247 percent above Q2 2015 referral numbers just prior to the pandemic's onset. WSH's referrals grew rapidly, peaked twice, and then dropped by Q4 2019 to, on average, 61 percent below Q2 2015's referral numbers just prior to the pandemic's onset. Unlike most other service types in 2020, inpatient evaluation referrals grew in spite of the pandemic. A significant driver of this growth appears to be the substantial increases in wait times for PR referrals to receive evaluations.

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



[1]WSH Competency Inpatient Restoration includes referrals that end up admitting to the RTFs.

These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q1 2022 reporting period, referrals decreased slightly and remained relatively flat from Q3 2021 through Q1 2022.

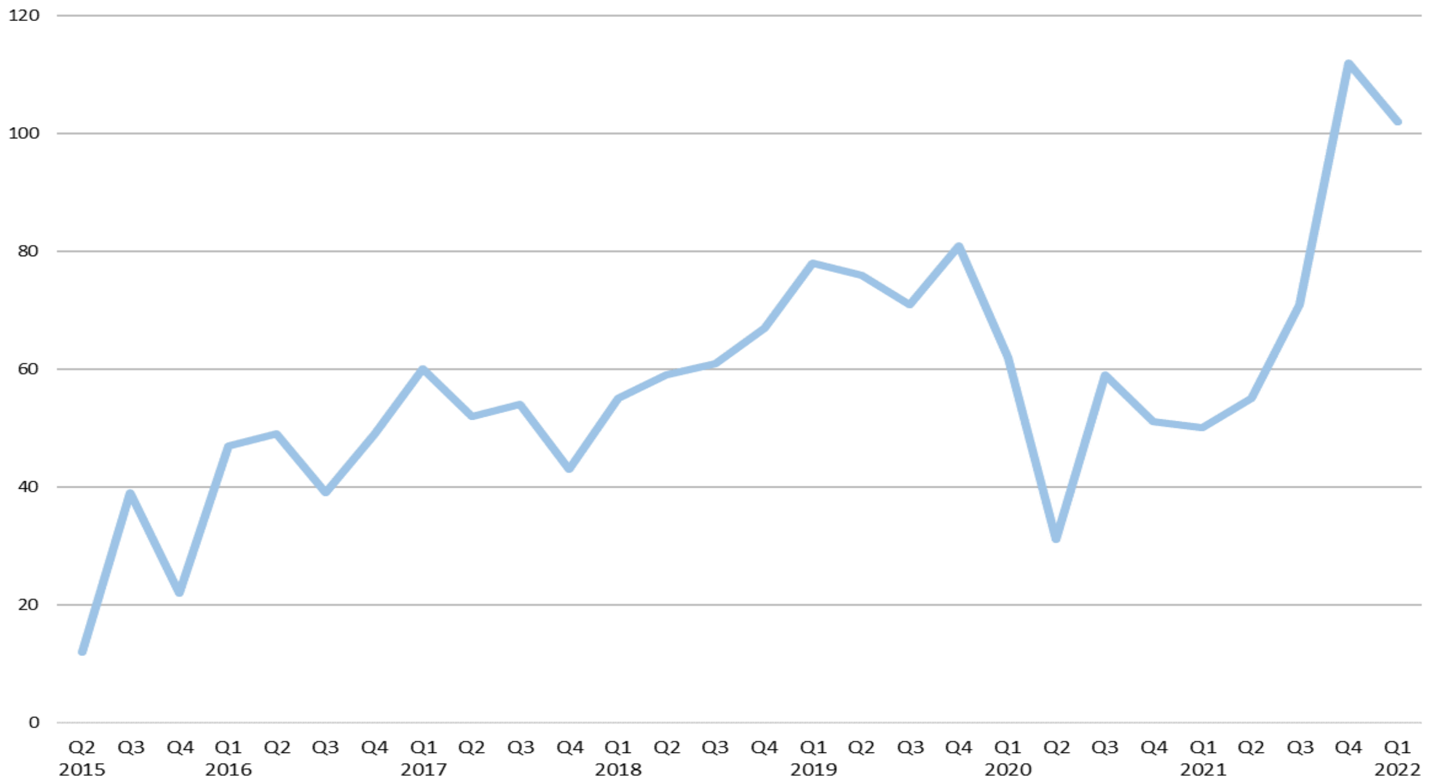
- ***Drivers*:** During the second half of Q1 2020, demand collapsed for inpatient restorations. This was indicative of the novel Coronavirus' arrival in the United States in early 2020, the early emergence of western Washington as a hot spot for COVID-19 infections and sustained community spread, and the subsequent lead wave of pandemic restrictions that resulted in collapsed demand for inpatient restorations.

During the months of March through June 2020, WSH had strict limitations on admissions hospital-wide or had wards with identified COVID-19 cases placed on admissions hold. These restrictions have been eased and tightened periodically throughout the pandemic as conditions warrant. Implementation of COVID-19 protocols, ward-level reductions in patient census, temporary elimination of inter-institutional transfer, social distancing among clients and staff were among the measures implemented to manage the initial COVID-19 outbreak at WSH and other facilities. Criminal courts and other partners experienced pandemic-related court closures and reductions in court case throughput and pandemic-related challenges in restoration program delivery. During Q3 and Q4 2020, referrals largely recovered as systems re-opened and attempted to determine responsible paths forward to serving clients within the context of the COVID-19 pandemic. Q3 and Q4 2021 demand levels exceeded pre-pandemic levels, and both quarters were the first two quarters to exceed 400 restoration orders in a single quarter. Q1 2022 maintained these referral levels, which appears to be a function of the record levels of competency evaluation referrals upstream of restoration referrals.

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

FIGURE 13.

ESH Competency Inpatient Restoration Referrals



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*****:** Q1 2022 referrals subsided by 8.9 percent subsequent to two consecutive quarters of skyrocketing growth in referrals resulting in a more than doubling (104%) of referrals prior to Q1 2022's pause in growth.

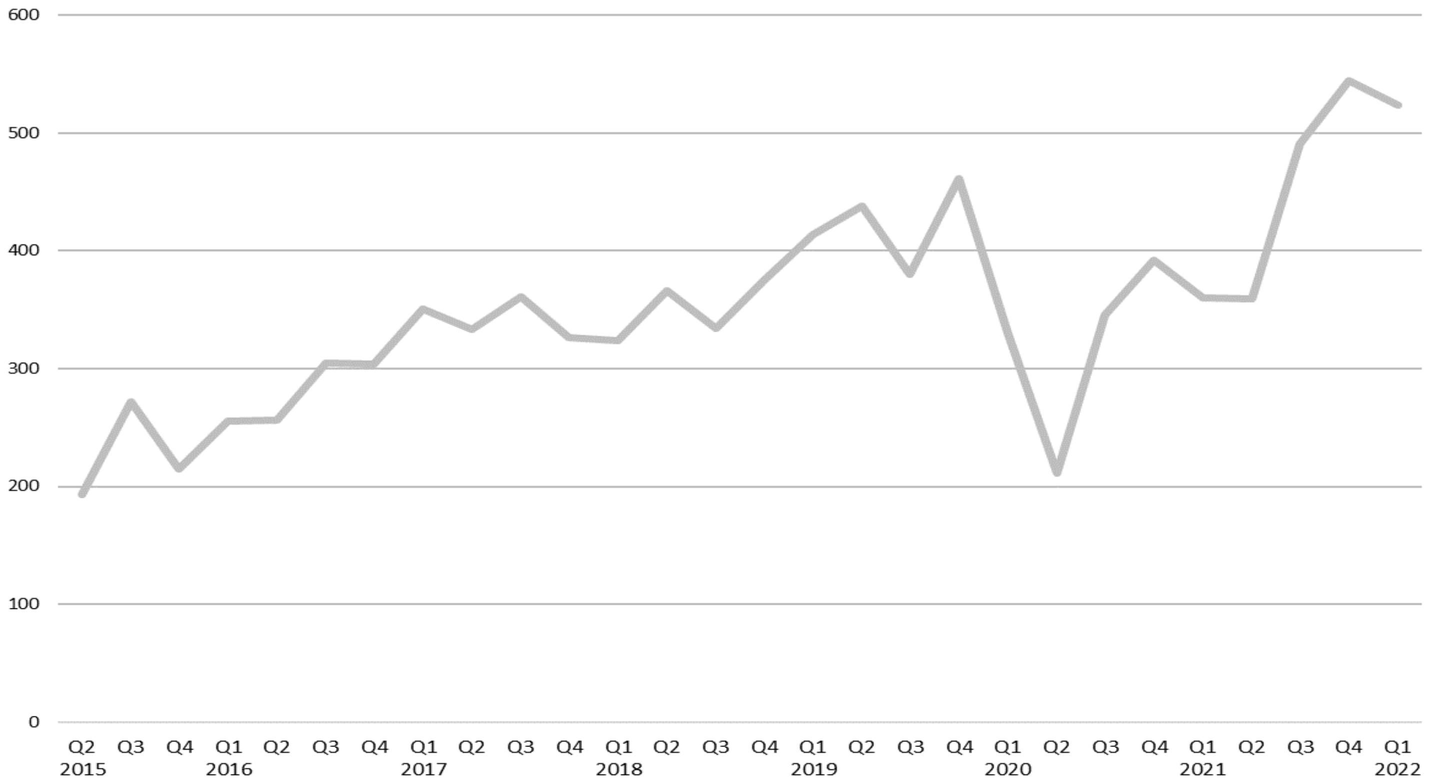
- ***Drivers*****:** Restoration referrals represented in this figure increased significantly during Q4 2019 before dropping sharply in the Q1 2020 and Q2 2020 reporting periods. During the entire period covered by Figure 13, a clear upward trend line presents itself in the data showing sustained demand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

increases in referrals during Q3 and Q4 2021, demand has surpassed pre-pandemic levels. Based on continued record level competency evaluation referrals, it appears the downstream impacts on restoration referrals will continue for the foreseeable future.

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

FIGURE 14.

Both Hospitals Competency Inpatient Restoration[1]



[1]Includes referrals that end up admitting to the RTFs.

These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q1 2022 reporting period, WSH and ESH collectively saw referrals decrease modestly (3.7%) to 524 for the quarter. Q4 2021's 544 inpatient restoration referrals was the highest quarter on record. The 2021 quarterly average for referrals is 438.5. The 2020 quarterly average for referrals is 319.5. The 2019 quarterly average for referrals is 423.25. The 2018 quarterly average was 349.75. The 2017 quarterly average was 342.75, and the 2016 quarterly average was 280. The growth in the year-over-year quarterly averages, through 2019, clearly illustrates that year-over-year numbers continue to climb dramatically and are significantly higher than was seen in 2016. 2020 average referrals show the impact of the COVID-19 pandemic, and the increase in 2021 referrals

to levels above 2019 shows societal institutions learning to live and work within the constraints of the pandemic, and additionally, it may show pent up referral demand in cases that were delayed by prosecutors and other court-related protocol during the pandemic.

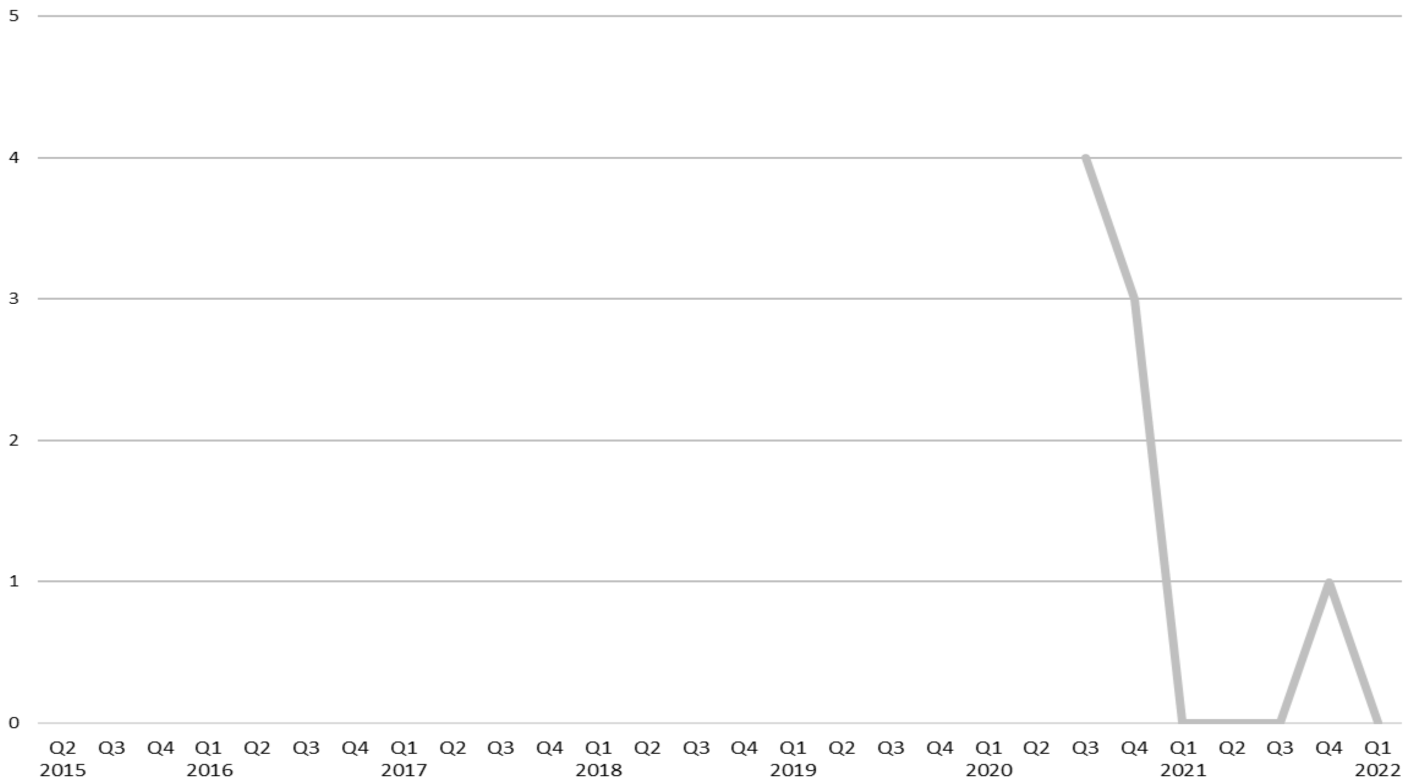
- ***Drivers*****:** After referral levels collapsed at both state hospitals during Q1 and Q2 2020 due to the onset of the global pandemic's effects in Washington state, inpatient restoration referrals recovered substantially by the end of Q4 2020 before moderating somewhat in Q1 and Q2 2021. With few exceptions, as the department has increased capacity and gained efficiencies in its processes, the criminal court system and mental health community have demanded the department's services at a greater pace. It is likely that both pent up and increasing demand are adding strain to our systems.

  Adding the ongoing COVID-19 pandemic as a new externality, OFMHS and its partners are adjusting to the new and continuously changing environment in which to safely serve our clients. Numerous pandemic-related changes include implementation of social distancing in the forensic wards, in part, by reducing patient census; admissions holds on wards due to active COVID-19 cases among clients, staff, or both; slowdown in referrals due to pandemic-related court closures and reductions in court case throughput; and pandemic-related challenges in restoration program delivery.

Figure 15. *Shows Statewide Outpatient Competency Restoration Referrals*

FIGURE 15.

Statewide Outpatient Competency Restoration



These are number of court orders signed in the specified month and any additional in-jail stays (i.e., periods of waiting for competency services in jail) starting in the specified month because a class member entered jail from the community while awaiting a court-ordered competency service.

NOTE: Data in the above tables was pulled on the third business day of the month for the Trueblood Monthly Report, and therefore may differ slightly from the data reported in the State Hospital and Legislative 6492 reports.

Data Source: DSHS Research and Data Analysis, April 2022 Trueblood Monthly Report

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

- ***Outcomes:*** During the Q3 2020 reporting period, Phase 1 OCR programs began serving clients in 10 counties across the state. The first four jail-based referrals were accepted into OCRP during Q3. Q4 2020 saw three additional clients referred into OCRP from jail, and during Q4 2021, one additional jailed client received a referral to OCRP. To learn more about OCRP and to review the available client-level data for both Trueblood class members and non-class members, the Trueblood Semi-Annual Report sections on Community Outpatient Services and Appendix B-OCRP Dashboard, provide further information.

- ***Drivers:*** Two OCR programs opened on July 1, 2020, and the third program serving the Southwest region, opened on September 1, 2020. OCR staff and Forensic Navigators continue to promote the programs within the criminal court system and with other stakeholders to bring understanding and awareness regarding OCR with the goal of increasing judicial use of OCRP for appropriate clients. Over time, diverting more lower-acuity Trueblood class members as well as non-class members to OCRP and serving them in their local communities, provides greater access to higher acuity state hospital beds for Trueblood class members whose need requires hospital-level care.

ACTIONS TAKEN

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

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

OFMHS is responsible for the leadership and management of Washington's forensic mental health care system and is addressing the increase in demand for mental health services for adults and youth in the criminal court system. OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. OFMHS additionally provides ongoing training and technical assistance to improve quality and timeliness of forensic mental health services, data management and resource allocation, training and certification of evaluators, and quality monitoring and reporting. OFMHS works in collaboration with the Governor's office to lead and implement robust diversion efforts to prevent citizens with mental illness from entering the criminal court system.

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

Best-Utilize Current Bed Capacity

During this period, a focus on keeping beds as full as possible was a continued key strategy, given the need to respond to probable and actual COVID-19 positive tests among patients and staff at the following facilities: ESH, WSH, Fort Steilacoom, and Maple Lane. Maple Lane and Fort Steilacoom reduced census to 25 clients each and often had to operate at a lower census due to COVID-19 induced admissions holds. Each facility made these changes to allow for social distancing within the facility and to accommodate a quarantine room. ESH has been limited to a single forensic admission ward, which has limited its bed availability and admissions pace. As part of the Trueblood Contempt Settlement Agreement, Yakima was scheduled to close by the end of 2021, but the contractor made the decision to close in August due to pandemic-related staff retention issues. Toward the end of Q4 2021, the Omicron variant began emerging as a more infectious successor to the previously dominant Delta strain of COVID-19 and began impacting BHA facility operations. Omicron infections spiked throughout BHA facilities in January and February 2022 leading to numerous COVID-19 related restrictions, admissions holds, staffing

shortages, and patient quarantines. This period of the pandemic was notable for the most significant spike in infections and direct operational impact BHA-wide.

A needs projection and bed capacity study was completed during Q4 2018 with the TriWest Group, a consultancy organization, to determine the feasibility of and timeframe for compliance with court orders. The impact of community-based competency evaluation on the demand for inpatient competency evaluation and restoration beds were measured by TriWest Group. Results of this study were unable to identify any correlation (e.g., homelessness, arrest rates, etc.) to the increases in referrals.

The Community Liaison and Diversion Specialist continues OFMHS' efforts in reducing demand for beds by working with community stakeholders to find and utilize available resources outside the criminal court system that will meet the needs of this population while fulfilling OFMHS' requirements under Trueblood.

Triage services have continued in an effort to identify individuals for whom expedited admissions may be appropriate. As of March 31, 2022, this program, called TCEA (Triage Consultation and Expedited Admissions), has identified and accepted requests for 413 individuals for expedited admissions, out of a total of 662 individual referrals.

While work to reduce inpatient demand for services continues, important capacity additions recently came online. Twenty-five bed forensic ward 1N3 opened on June 1, 2020 at ESH, and a second 25-bed ward, 3N3, opened on August 3, 2020. At WSH, two 20-bed wards opened to NGRI patients in February 2021 freeing more than 50 additional beds for forensic patients.

A team of nine forensic navigators was hired in winter and spring 2020 and deployed to our 10 Phase 1 counties to begin serving clients on July 1, 2020. Navigators are developing strong relationships with our court and outpatient restoration partners and are already making key differences in client-centered problem solving and connecting clients to needed resources. Navigators partner closely with the newly implemented Outpatient Competency Restoration Program, which was also implemented on July 1, 2020 in partnership with the Health Care Authority. To learn more about OCRP and to review the available client-level data, the Trueblood Semi-Annual Report sections on Community Outpatient Services and Appendix B-OCRP Dashboard, provide further information. OCRP allows both Trueblood class members and personal recognizance clients to utilize lower-acuity level beds, as appropriate, thus freeing additional otherwise occupied higher-acuity beds at the state hospitals at RTFs for higher acuity class members. Forensic navigators and HCA's OCRP administrator continue outreach to the criminal courts to expand use of OCRP in the 10 Phase 1 counties.

Phase 2 expansion of the Forensic Navigator program into the King region allowed the hiring of an additional nine forensic navigators plus supervisors and support staff to provide the services available in the 10 Phase 1 counties. Navigators were hired in summer and fall 2021, and services expanded to the King region in January 2022. As OCRP and other Trueblood settlement services roll out over time, in the Phase 2 region, navigators will have more tools at their disposal to guide and assist their clients.

Gain Efficiencies in Process of Evaluation Delivery

During the 2015-2017 biennium, 21 forensic evaluators were added to current staff levels. For the 2019-2021 biennium, 18 additional evaluators were hired to augment current staff levels. The department continues to examine evaluator and support staff levels to determine optimal staffing to support legislative requirements and implementation of the Trueblood Contempt Settlement Agreement.

Many courts maintain requirements that forensic reports and other related motions be transmitted to the court clerk via fax. Outside of normal business hours or when forensic evaluators work from remote locations, they do not always have access to traditional fax machines. E-faxing utilizes secure servers to transmit documents from anywhere you can connect to the network to a receiving fax machine. For minimal investment, the project increases the number of forensic reports submitted on time, improving workload efficiency and decreasing fine payments for late cases. This new system was fully implemented in March 2021 (Q1 2021).

Additional efforts have also been made in the area of workforce development. Specifically, staff evaluators were offered training, with national experts in the field of competency evaluations, as a part of ongoing efforts to create and maintain the most highly trained and efficient staffing possible. Subsequent, to the conclusion of the video conferencing evaluation pilot project, use of telehealth services for evaluations has continued at existing sites. For the first two years of telehealth evaluations, it proved challenging to engage jails and other entities in adopting remote evaluations; however, with the COVID-19 pandemic, OFMHS' was prepared to quickly shift to and effectively utilize workforce development staff to assist jails and others in adopting the necessary technology to conduct telehealth evaluations. For the 12 months ending in March 2022, utilization of telehealth evaluations continues growing and is now at more than 195 evaluations per month on average. Telehealth systems are utilized in approximately 30 tribal, county, and local jails statewide, and very few remote evaluation attempts are rejected by clients or their attorneys.

Staffing challenges at ESH during Q3-Q4 2021 continuing into Q1 2022 exacerbated inefficiencies in evaluation scheduling practices for our eastern regional office forensic evaluators who complete all forensic evaluations on the eastside of Washington state. OFMHS is in the process of assuming scheduling for our evaluators and reforming that process to align with the scheduling process on the westside of the state. While not yet fully implemented, early results are promising and a strong team is excited and engaged in this transformative effort.

Through the Demand to Bargain process, eastside evaluators are in the process of transitioning from workload expectations of nine evaluations per month to 12 evaluations per month. This change will take several months to implement. After implementation, workloads on both sides of the state will match.

Fund Prosecutorial Diversion Programs & RFP's Using Trueblood Fines

Twelve Trueblood-fine funded programs continue to operate including: King County (BHO); Sunrise Services, Inc.; Comprehensive Health Care; Great Rivers (BHO); Kitsap Mental Health Services; Catholic Charities; Pierce County; Thurston-Mason Behavioral Health Organization;

Pacific County (program focused on diversion of misdemeanors); Spokane County (program focused on diversion of misdemeanor and low-level felonies); Greater Columbia (program focused on diversion of misdemeanors); and King County (program focused on diversion of misdemeanors and low-level felonies).

One of the programs in King County is a prosecutorial diversion program, which is jointly funded by both contempt fine dollars and a contract with OFMHS. This program allows a prosecutor to use their discretion to dismiss a non-serious charge without prejudice if the issue of competency is raised. The intent of this program is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization into needed behavioral health treatment. In addition to this prosecutorial diversion program in King County, DSHS also contracts for the same services in two other locations: Spokane County and Benton/Franklin Counties.

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

NEXT STEPS

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

ESH opened both of its newly renovated forensic wards bringing an additional 50 forensic beds online. As COVID-19 restrictions eventually decrease, the addition of these new beds will reduce pressure on the existing system. WSH opened two newly renovated NGRI wards in Q1 2021 allowing conversion of more than 50 beds to forensic patients. Initially, these new beds have enabled reductions in the client wait lists and quicker client throughput for the legal authorities assigned to those beds/wards; however, ongoing impacts of the pandemic result in the essential use of any new beds but at a reduced capacity under pandemic protocols. As COVID-19 restrictions decrease over time, the beds should provide increased client benefit. Additionally, work continues on building two additional 29-bed forensic units at WSH, projected to begin operations later in 2022; a new NGRI ward at Maple Lane is planned, which would free up additional ward space at WSH; and planning is underway for a 48-bed civil facility jointly run between HCA contractors and DSHS. These new beds would allow civil patients to obtain treatment closer to home while forensic clients could potentially gain additional beds at WSH.

The major focus for OFMHS in the future is to work on reducing demand for all competency services through implementation of the Trueblood Contempt Settlement Agreement. The Forensic Navigator program launched July 1, 2020 and is connecting class members with an enhanced suite of services as they navigate the competency/restoration process. Outpatient Competency Restoration also launched on July 1, 2020 and is designed to work in concert with the Forensic Navigator program to educate the criminal courts and guide appropriate clients to needed services especially outpatient restoration-and away from inpatient beds in secure state facilities. In summer and fall 2021, the Forensic Navigator program hired nine new navigators for the program's expansion into the King County region. It also hired a supervisor for the King County group and an additional supervisor to jointly oversee the Southwest Washington and Spokane Forensic Navigator groups. The newly hired forensic navigators began onboarding and training with OFMHS in November 2021. OCRP programs continue planning for Phase 2 King County region implementation of the Contempt Settlement Agreement. OCRP is identifying contractors to provide outpatient restoration services in the Phase 2 King County region and HCA continues to develop the program with King County stakeholders.

Efforts to reduce demand for competency services include several innovative programs listed as follows: Forensic Projects for Assistance in Transition from Homelessness, mobile crisis response, and Forensic Housing and Recovery through Peer Services teams. FPATH identifies and builds relationships with persons at highest risk for involvement in the criminal court, homelessness, and forensic mental health systems in an effort to provide services and prevent involvement in these systems. Mobile crisis response provides timely interventions in the field in an effort to keep individuals from being arrested and incarcerated and to instead quickly connect them with the services they need. FHARPS identifies persons who are homeless or unstably housed who also have behavioral health needs, and connects them with supports for housing and peers who have

similar lived experience. Each of these programs is working to meet client's needs and to enable them to move forward in a positive manner before a behavioral health crisis necessitates criminal court involvement or involuntary hospitalization. FPATH, MCR, and FHARPS programs have been working to implement their Phase 2 services in the King region, during Q1 2022, were able to bring their initial services online.

OFMHS management is working with the union to create additional efficiencies for jail-based evaluations. Recent work to implement changes from several successful Demand to Bargain agreements is ongoing. Additionally, OFMHS attempts to accomplish these challenging Settlement Agreement goals in the context of the global COVID-19 pandemic that continues spreading at a high level throughout Washington state causing varying levels of state and local lockdowns to be implemented. At of the end of Q1 2020, the initial pandemic effects on our operations were relatively muted, but as the lockdown continued into Q2, and then the highly modified treatment environments persisted into Q3, the effects deepened. As Q3 and Q4 2020 advanced, agency staff proved time and time again to be highly adaptive and learned to work relatively efficiently within the challenging confines of the COVID-19 restrictions. Continuing through Q1-Q3 2021, many of our partners had re-opened with COVID-19 modified operations and competency services demand has rapidly returned to and in many cases exceeded pre-pandemic levels. OFMHS' staff has strived to continue advancing transformative solutions to the forensic system in a safety and patient-centered care environment, in spite of the challenges induced by the historic pandemic. Further waves of COVID-19 infection variants, however, threaten to upend the fragile balance. Omicron's arrival toward the end of Q4 2021 began to disrupt operations and eventually became the most significant COVID-19 infection wave to impact BHA facilities to date. January and February 2022 saw major Omicron outbreaks and significant impacts to patients, staff, and our operations.

SUMMARY

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

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

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

Now through Phase 1 and well into year three with the Contempt Settlement Agreement in place, OFMHS continues to work with its partners at the Health Care Authority, the Criminal Justice Training Commission, the criminal court systems around the state, and others to implement and administer new programs seeking to better serve our clients.

APPENDIX A-Competency Inpatient and Outpatient (Jail) Evaluations and Restoration Orders

APPENDIX A.

Competency Inpatient and Outpatient (Jail) Evaluations and Restoration Orders

Year	Quarter	Competency Outpatient (Jail) Evaluations Orders – NUMBER OF COURT ORDERS SIGNED			Competency Inpatient Evaluation Orders – NUMBER OF COURT ORDERS SIGNED			Competency Inpatient Restoration Orders – NUMBER OF COURT ORDERS SIGNED			Competency Outpatient Restoration Orders
		ESH	WSH	Both	ESH	WSH	Both	ESH	WSH	Both	Statewide
2015	Q2	89	569	658	12	28	40	12	181	193	0
	Q3	101	591	692	16	42	58	39	233	272	0
	Q4	108	543	651	24	41	65	22	193	215	0
2016	Q1	148	606	754	19	59	78	47	208	255	0
	Q2	153	632	785	15	54	69	49	207	256	0
	Q3	183	714	897	26	77	103	39	266	305	0
	Q4	154	633	787	29	67	96	49	255	304	0
2017	Q1	170	633	803	27	61	88	60	291	351	0
	Q2	186	746	932	26	77	103	52	281	333	0
	Q3	177	728	905	24	66	90	54	307	361	0
	Q4	178	698	876	26	47	73	43	283	326	0
2018	Q1	213	732	945	26	34	60	55	269	324	0
	Q2	182	853	1035	28	30	58	59	307	366	0
	Q3	208	856	1064	22	30	52	61	273	334	0
	Q4	205	781	986	36	38	74	67	308	375	0
2019	Q1	201	831	1032	27	38	65	78	336	414	0
	Q2	248	955	1203	35	37	72	76	362	438	0
	Q3	248	1050	1298	32	30	62	71	309	380	0
	Q4	239	1054	1293	29	11	40	81	380	461	0
2020	Q1	209	998	1207	22	20	42	62	268	330	0
	Q2	107	625	732	21	18	39	31	180	211	0
	Q3	198	895	1093	26	19	45	59	286	345	4
	Q4	192	816	1008	46	47	93	51	341	392	3
2021	Q1	244	835	1079	54	36	90	50	310	360	0
	Q2	250	955	1205	26	40	68	55	304	359	0
	Q3	317	1198	1515	32	55	87	71	420	491	0
	Q4	306	1175	1481	30	44	74	112	432	544	1
2022	Q1	337	1161	1498	30	37	67	102	422	524	0

PRODUCED BY: DSHS Research and Data Analysis, April 2022.

SOURCE: March 2022 Trueblood Monthly Report.

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

APPENDIX B-Average Number of Days from Client In-jail Status Begin Date to Admission per Quarter

APPENDIX B.

Average Number of Days from Client In-jail Status Begin Date to Admission per Quarter

FIGURE B1.

Inpatient Restorations and Evaluations

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

FIGURE B2.

Inpatient Evaluations

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

FIGURE B3.

Inpatient Restorations

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

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

FIGURE B1.

Inpatient Restorations and Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	408	7	21.2	48.0	42.4
	Q2	378	7	40.5	39.7	39.9
	Q3	384	7	35.6	42.2	40.6
	Q4	414	7	31.8	32.8	32.6
2020	Q1	310	7	43.7	39.1	40.1
	Q2	140	7	69.0	53.2	55.7
	Q3	238	7	65.3	54.8	56.3
	Q4	293	7	60.3	41.7	45.3
2021	Q1	369	7	47.5	58.6	56.2
	Q2	416	7	30.1	33.9	33.1
	Q3	272	7	31.3	36.1	35.2
	Q4	474	7	49.5	53.6	52.9
2022	Q1	381	7	63.2	60.4	61.0

FIGURE B2.

Inpatient Evaluations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	59	7	22.8	35.5	31.2
	Q2	43	7	48.5	29.0	38.5
	Q3	45	7	39.7	45.2	42.9
	Q4	43	7	36.2	42.6	39.6
2020	Q1	27	7	36.8	30.8	33.7
	Q2	9	7	86.7	48.3	61.1
	Q3	20	7	74.2	106.7	92.1
	Q4	48	7	57.6	46.4	51.7
2021	Q1	63	7	50.7	68.6	58.6
	Q2	64	7	28.4	34.9	32.0
	Q3	44	7	24.5	26.3	25.8
	Q4	69	7	47.8	41.0	43.3
2022	Q1	45	7	60.0	53.6	57.1

FIGURE B3.

Inpatient Restorations

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	349	7	20.7	49.7	44.3
	Q2	335	7	37.8	40.6	40.1
	Q3	339	7	34.5	41.9	40.3
	Q4	371	7	30.4	32.1	31.8
2020	Q1	283	7	45.3	39.6	40.7
	Q2	131	7	66.3	53.5	55.3
	Q3	218	7	61.8	51.9	53.0
	Q4	245	7	62.1	41.1	44.1
2021	Q1	306	7	45.0	57.5	55.6
	Q2	352	7	31.1	33.7	33.3
	Q3	228	7	33.2	37.8	37.0
	Q4	405	7	50.2	55.2	54.5
2022	Q1	336	7	64.8	60.9	61.5

PRODUCED BY: DSHS Research and Data Analysis, April 2022.
SOURCE: Prior to Aug 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since Aug 1, 2018: BHA Forensic Data System.

* Number of received and number admitted are the totals for the quarter (i.e., some that were completed in quarter were received in previous quarter). The population for average days & performance measures, are orders COMPLETED in the quarter (IP=admission, OP = faxed report). The number of days waiting is calculated from the Client In-jail or Out-of-jail Status Begin Date, to the date of completion (IP=admission, OP = faxed report). Cases that were cancelled or withdrawn are excluded from averages.

APPENDIX C-Average Number of Days for Civil Conversions, In-Jail Evaluations, and Out-of-Jail Evaluations, from Client In-jail or Out-of-jail Status Begin Date to Admission/Completion per Quarter

APPENDIX C.

Average Number of Days for Civil Conversions, In-Jail Evaluations, and Out-of-Jail Evaluations, from Client In-jail or Out-of-jail Status Begin Date to Admission/Completion per Quarter

FIGURE C1.

Inpatient 72-hour Dismissal Evaluations (flips)

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2013	Q4	35	7		2.1	2.1
2014	Q1	34	7		4.1	4.1
	Q2	40	7		2.9	2.9
	Q3	31	7		3.4	3.4
	Q4	27	7		3.7	3.7
2015	Q1	30	7		4.0	4.0
	Q2	21	7		2.6	2.6
	Q3	28	7		2.1	2.1
	Q4	22	7		4.4	4.4
2016	Q1	32	7		2.8	2.8
	Q2	27	7		2.6	2.6
	Q3	35	7		3.3	3.3
	Q4	50	7		3.1	3.1
2017	Q1	41	7		2.1	2.1
	Q2	44	7		3.1	3.1
	Q3	46	7		3.5	3.5
	Q4	51	7		2.4	2.4
2018	Q1	75	7		3.5	3.5
	Q2	50	7		2.9	2.9
	Q3	26	7	4.0	4.1	4.1
	Q4	41	7	2.2	3.6	3.2

FIGURE C2.

In-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2013	Q4	459	7	60.2	17.8	25.3
2014	Q1	530	7	63.6	17.8	26.1
	Q2	563	7	56.3	14.7	21.3
	Q3	505	7	50.0	14.1	20.9
	Q4	506	7	55.3	13.4	21.6
2015	Q1	547	7	55.1	12.6	20.9
	Q2	553	7	73.5	12.2	20.5
	Q3	628	7	53.6	17.2	23.2
	Q4	616	7	37.1	13.8	18.3
2016	Q1	745	7	19.1	8.7	11.0
	Q2	689	7	12.0	8.2	9.0
	Q3	753	7	13.4	10.7	11.2
	Q4	758	7	11.6	12.3	12.2
2017	Q1	710	7	5.6	9.5	8.6
	Q2	760	7	11.3	9.7	10.0
	Q3	843	7	11.5	10.7	10.9
	Q4	845	7	10.3	9.4	9.5
2018	Q1	840	7	10.4	7.7	8.2
	Q2	973	7	12.1	7.7	8.5
	Q3	942	7	10.9	8.7	9.0
	Q4	817	7	9.5	9.7	9.7

FIGURE C3.

Out-of-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2013	Q4	143.0	21	70.2	94.6	87.1
2014	Q1	222	21	79.7	87.5	85.6
	Q2	200	21	66.3	65.2	65.4
	Q3	145	21	70.5	74.3	72.7
	Q4	169	21	66.5	80.2	75.6
2015	Q1	122	21	76.7	75.5	76.0
	Q2	135	21	88.9	66.0	74.7
	Q3	124	21	103.9	83.8	90.6
	Q4	189	21	118.6	91.5	102.3
2016	Q1	207	21	80.0	95.7	89.5
	Q2	222	21	64.3	76.6	72.9
	Q3	164	21	32.5	67.1	54.0
	Q4	186	21	44.1	93.4	80.4
2017	Q1	188	21	37.0	90.5	76.3
	Q2	228	21	44.7	70.6	63.6
	Q3	134	21	54.2	82.1	72.5
	Q4	176	21	49.7	95.9	81.5
2018	Q1	218	21	53.6	105.6	89.4
	Q2	151	21	38.6	102.3	88.8
	Q3	88	21	57.6	127.1	104.2
	Q4	157	21	71.8	132.6	130.3

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

FIGURE C1.

Inpatient 72-hour Dismissal Evaluations (flips)

CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	59	7	4.0	5.0	4.8
	Q2	93	7	5.7	6.3	6.2
	Q3	95	7	5.2	5.2	5.2
	Q4	71	7	6.6	6.5	6.5
2020	Q1	68	7	7.0	7.1	7.1
	Q2	51	7	8.4	7.7	7.8
	Q3	82	7	9.1	9.8	9.6
	Q4	87	7	12.6	11.4	11.5
2021	Q1	62	7	11.3	9.9	10.2
	Q2	41	7	8.3	9.5	9.3
	Q3	66	7	9.5	9.6	9.6
	Q4	65	7	11.1	9.9	10.2
2022	Q1	85	7	12.7	9.7	10.6

FIGURE C2.

In-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	895	7	14.6	12.2	12.6
	Q2	1103	7	13.4	12.6	12.8
	Q3	1228	7	13.5	12.5	12.7
	Q4	1220	7	13.9	12.5	12.8
2020	Q1	1173	7	13.3	12.8	12.9
	Q2	619	7	11.6	13.7	13.4
	Q3	980	7	14.1	12.0	12.4
	Q4	980	7	13.8	12.9	13.1
2021	Q1	937	7	13.1	12.2	12.4
	Q2	1071	7	15.8	12.5	13.2
	Q3	1341	7	15.2	14.0	14.2
	Q4	1396	7	15.4	13.1	13.5
2022	Q1	1340	7	19.7	13.5	14.8

FIGURE C3.

Out-of-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS: Eastern State Hospital	AVERAGE DAYS: Western State Hospital	AVERAGE DAYS: Both ESH and WSH
2019	Q1	214	21	117.8	153.5	144.2
	Q2	199	21	154.1	146.8	149.4
	Q3	148	21	144.4	158.7	152.1
	Q4	185	21	156.7	136.8	142.9
2020	Q1	209	21	167.6	174.3	172.2
	Q2	75	21	145.6	197.4	187.7
	Q3	195	21	129.5	218.6	203.5
	Q4	221	21	131.4	191.4	181.1
2021	Q1	219	21	184.3	128.0	135.9
	Q2	235	21	222.7	109.5	146.6
	Q3	241	21	198.1	114.6	140.3
	Q4	179	21	187.4	124.4	142.0
2022	Q1	159	21	253.6	150.1	163.8