Washington State Department of Social and Health Services

Transforming Lives

REPORT TO THE LEGISLATURE

Forensic Admissions and Evaluations-Performance Targets 2022
Second Quarter (April 1, 2022-June 30, 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)

August 29, 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

Washington State Department of Social & Health Services
Transforming lives

Table of Contents

BACKGROUND 4
New Law Reporting Debuts Q3 2022 5
COMPETENCY EVALUATION AND RESTORATION DATA 6
DATA ANALYSIS AND DISCUSSION 6
Changes to Data Labels, Text, and References Debuted Q4 2021 6
Competency Services Order Data for Client In-Jail or Out-of-Jail Status Begin Date . 7
Global Quarterly Order Data 15
ACTIONS TAKEN 34
Best-Utilize Current Bed Capacity 34
Gain Efficiencies in Process of Evaluation Delivery 36
Fund Prosecutorial Diversion Programs & RFP's Using Trueblood Fines 37
Take Action to Address Staffing Challenges 37
NEXT STEPS 39
SUMMARY 41
APPENDIX A-Competency Inpatient and Outpatient (Jail) Evaluations and Restoration Orders 42
APPENDIX B-Average Number of Days from Client In-jail Status Begin Date to Admission per Quarter 43
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 45

Table of Figures

Figure 1. Shows Results for Inpatient Competency Evaluation Orders 8
Figure 2. Shows Results for Post-Dismissal Orders 9
Figure 3. Shows Results for Competency Restoration Orders..... 11
Figure 4. Average Number of Days to Complete a Jail Based Evaluation 12
Figure 5. Competency Evaluation Time Frame Completion for PR Orders..... 14
Figure 6. Shows Total WSH Referrals for Jail-Based Evaluations 15
Figure 7. Shows Total ESH Referrals for Jail-Based Evaluations..... 17
Figure 8. Shows Total WSH and ESH Combined Referrals for Jail-Based Evaluations 19
Figure 9. Shows Total WSH Referrals for Inpatient Evaluations..... 21
Figure 10. Shows Total ESH Referrals for Inpatient Evaluations 22
Figure 11. Shows Total WSH and ESH Combined Referrals for Inpatient Evaluations..... 24
Figure 12. Shows Total WSH Referrals for Inpatient Restoration 26
Figure 13. Shows Total ESH Referrals for Inpatient Restoration..... 28
Figure 14. Shows Total WSH and ESH Combined Referrals for Inpatient Restorations..... 30
Figure 15. Shows Statewide Outpatient Competency Restoration Referrals..... 32

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 two of 2022 (April 1, 2022-June 30, 2022) and describes the plans to meet these performance targets.

New Law Reporting Debuts Q3 2022

The Legislature approved and the Governor signed into law, 2SSB 5664, Chapter 288, Laws of 2022. The legislation took effect on June 9, 2022. The new law updates reporting requirements for this quarterly report, and updated data tables will become available for the Q3 report published in late 2022.

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. Instead, the changes intend to align more closely with the labels and text employed by the Behavioral Health Administration's Forensic Data System. FDS deployed in August 2018, and only during review of the Q3 2021 report did RDA realize the language reflected pre-FDS state hospital data system practices and

had inadvertently not been updated to reflect current reporting practices. The following language changed permanently as of the Q4 2021 report's figures and charts:

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

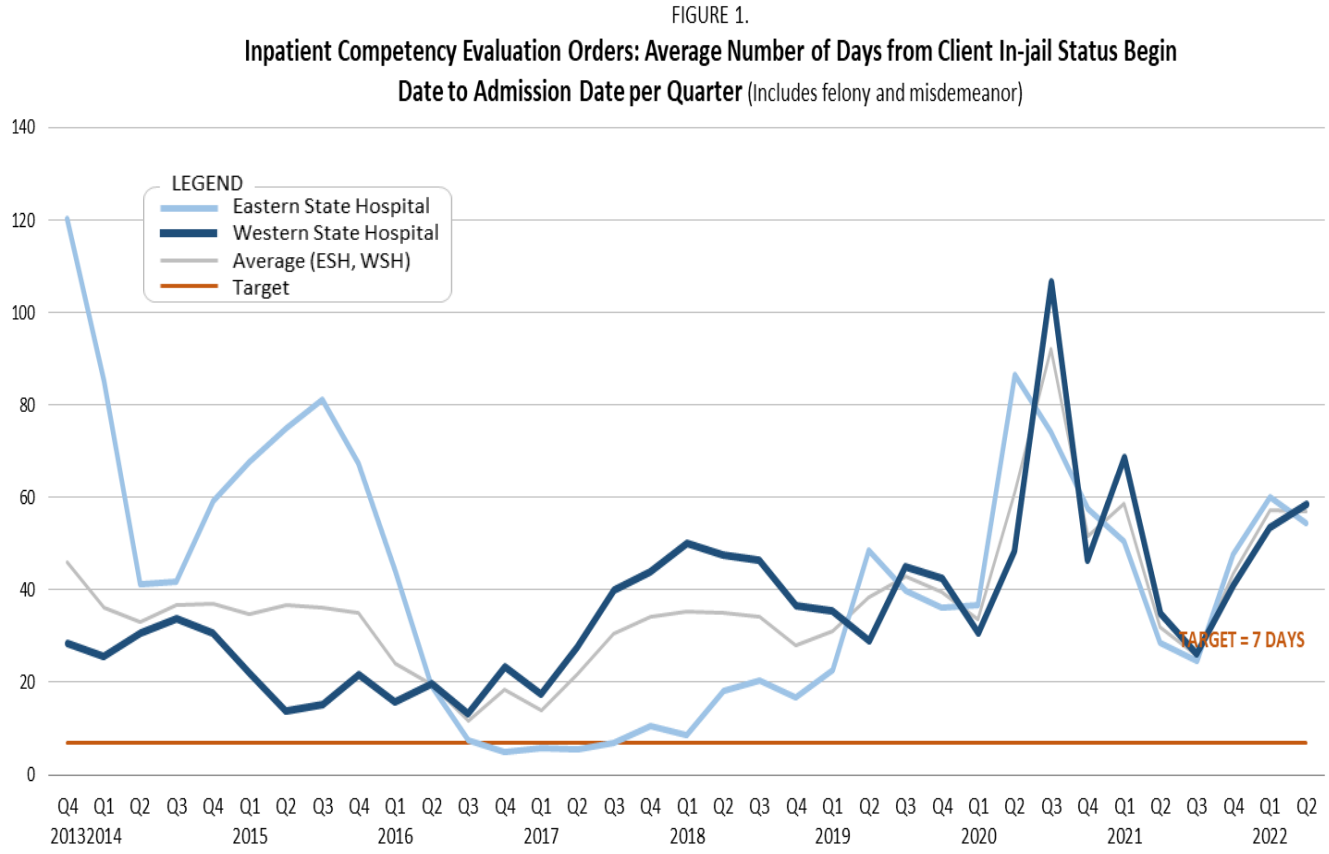
2) All usage of "bed offer(s)" has changed to "admissions"

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. These figures 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*



DATA SOURCE: Prior to August 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since August 1, 2018: BHA Forensic Data System.

PRODUCED BY: DSHS Research and Data Analysis.

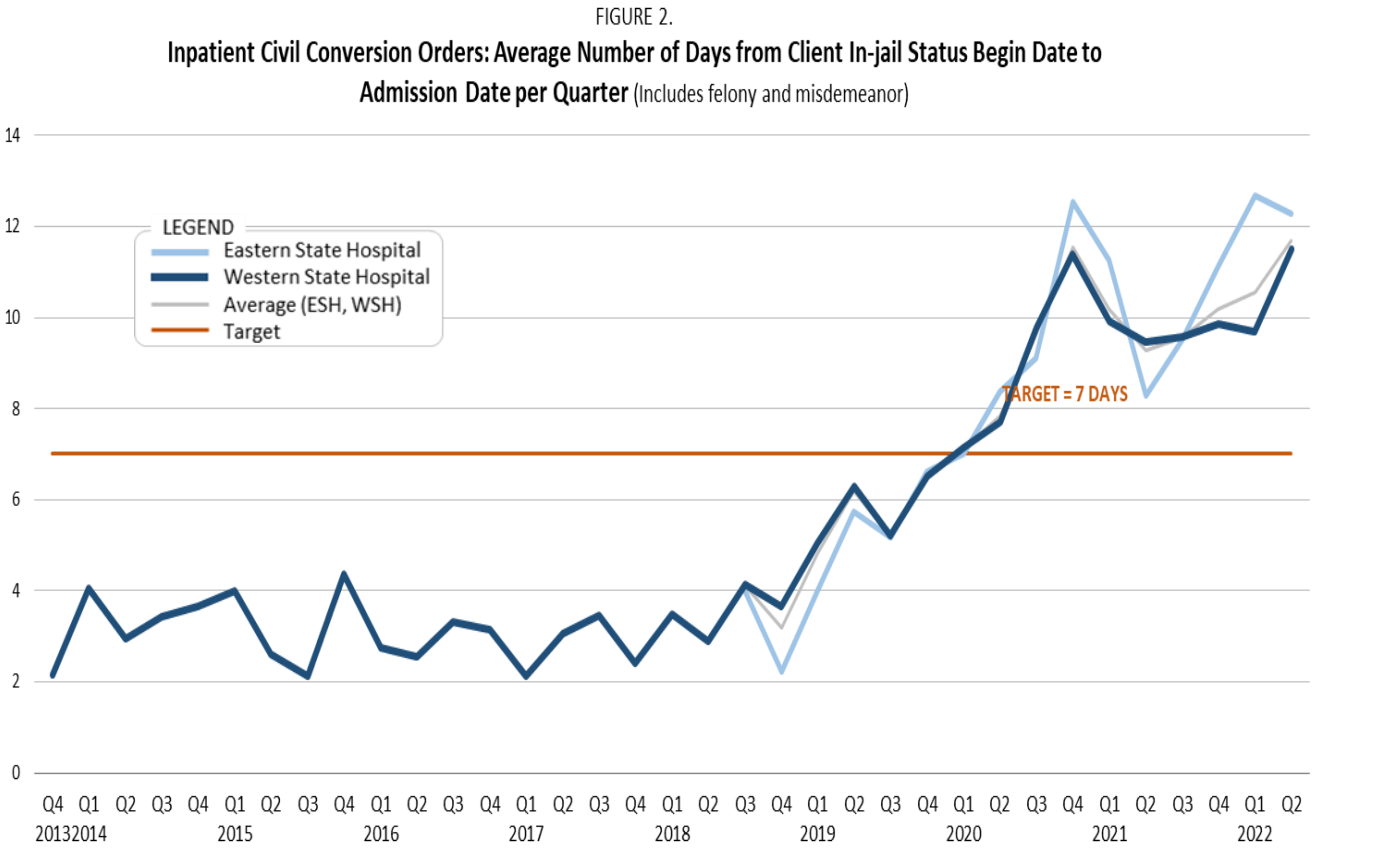
*Number of new in-jail or out-of-jail statuses and number admitted are the totals for the quarter (i.e., some that were completed in quarter were received in previous quarter). The population for average days and performance measures are orders COMPLETED in the quarter (IP = admission, OP = faxed report). 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.

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

- ***Outcomes*:** During the second quarter of 2022, the average number of days to inpatient evaluation admissions remained flat at 57.1 days. Wait times at WSH increased moderately and they declined moderately at ESH resulting in no change to average time to inpatient evaluation admission.

- ***Drivers*:** After a spike in Q4 2021 orders, Q1 2022 orders declined significantly (by 35 percent) and Q2 orders continued with another 24 percent decline. The COVID-19 Omicron variant that arrived late in 2021 caused dramatic increases in infections systemwide in January that began declining part way through February. Due to Omicron outbreaks at BHA facilities during Q1 and Q2, admissions often ran well below standard capacity or were entirely on hold to prevent wider COVID-19 outbreaks. By the end of Q2, BHA facilities resumed a more normal level of COVID-19 impacted operations.

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



DATA SOURCE: Prior to August 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since August 1, 2018: BHA Forensic Data System.

PRODUCED BY: DSHS Research and Data Analysis.

*Number of new in-jail or out-of-jail statuses 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 and 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.

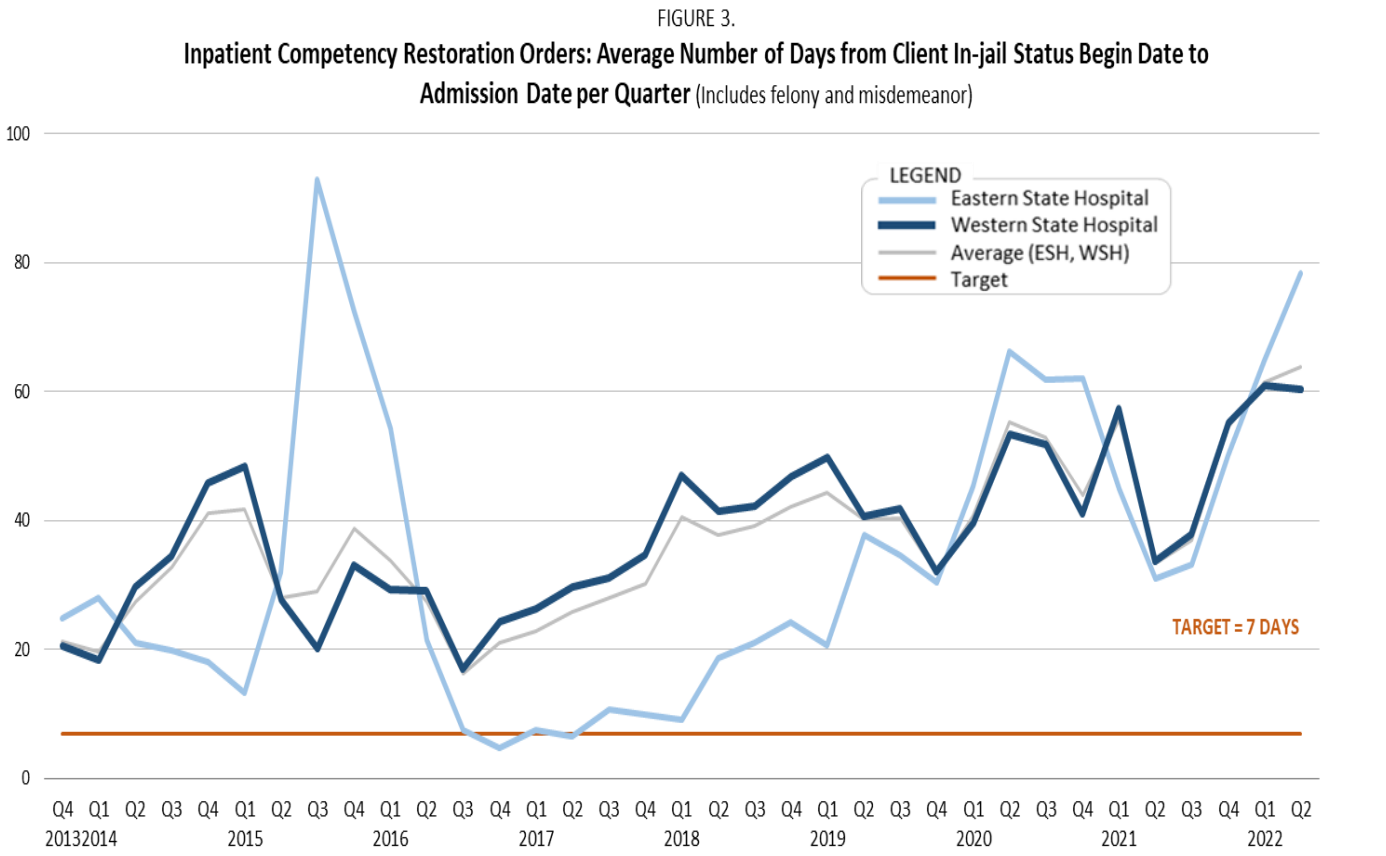
The above chart reflects average days from dismissal of charges to a civil offer of admission at each state hospital and a combined average for all facilities statewide.

- ***Outcomes*:** During the reporting period, ESH increased modestly (3.1 percent) to 12.3 days and WSH increased significantly to 11.5 days, which has resulted in the state's overall average increasing moderately (10.4 percent) to 11.7 days.

- ***Drivers*:** 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 fall 2021 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-Q4 2021 and Q1-Q2 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*



DATA SOURCE: Prior to August 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since August 1, 2018: BHA Forensic Data System.

PRODUCED BY: DSHS Research and Data Analysis.

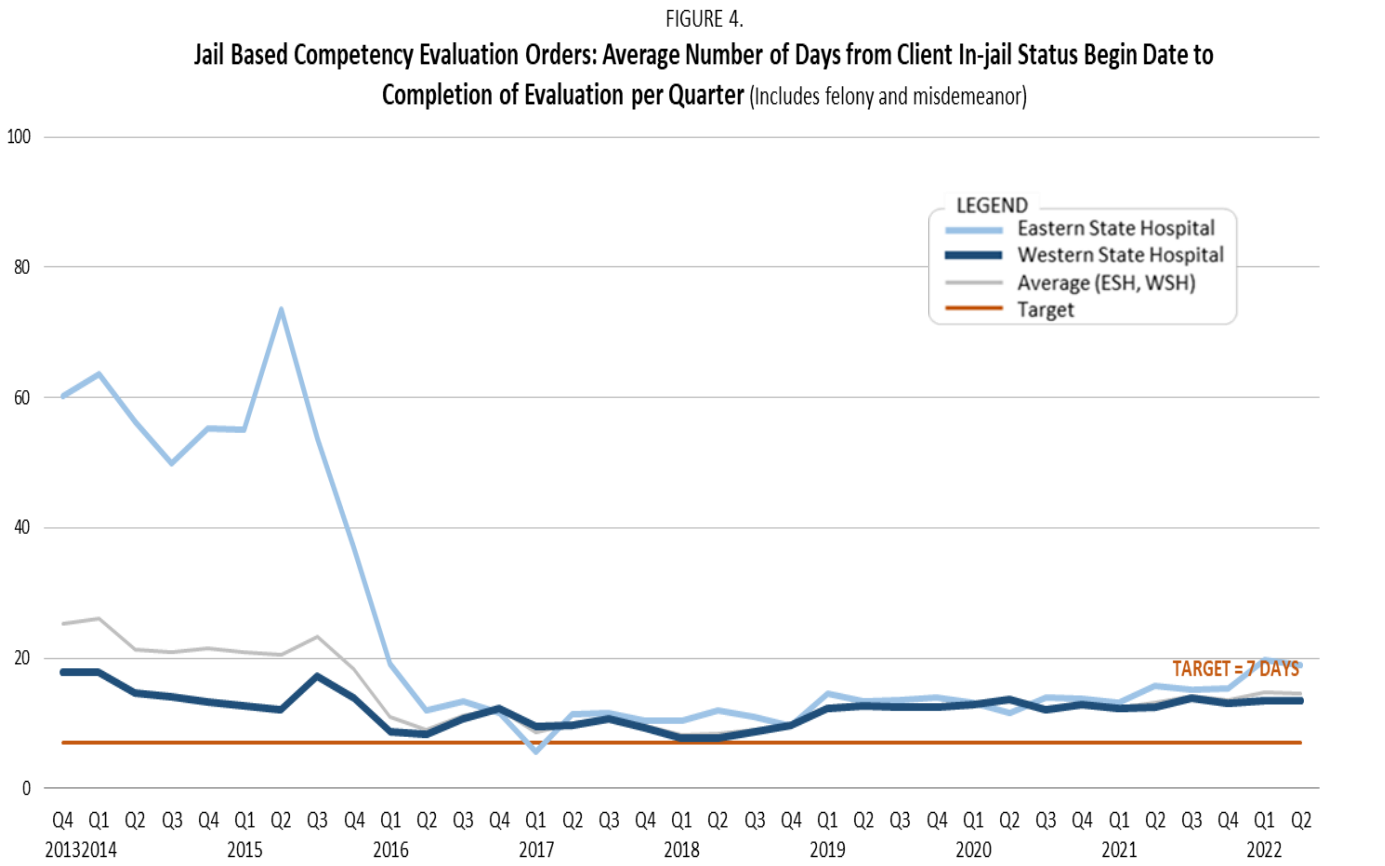
*Number of new in-jail or out-of-jail statuses and number admitted are the totals for the quarter (i.e., some that were completed in quarter were received in previous quarter). The population for average days and performance measures are orders COMPLETED in the quarter (IP = admission, OP = faxed report). 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.

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

- ***Outcomes*:** During Q2 2022, the number of inpatient competency restoration order admissions decreased 34-percent to 223. Wait times at WSH, between order for restoration and admission, were essentially flat in Q2 2022 (-0.5-day). ESH increased significantly (21.1 percent) resulting in a combined increase in wait times of 3.7 percent.

- ***Drivers*:** After record high levels of referral admissions in Q4 2021, two consecutive quarters of significant decreases have followed. At least part of the decrease is in line with seasonal expectations. Additionally, the Omicron variant of COVID-19 highly impacted BHA facilities during Q1 and Q2 2022 resulting in decreased admissions capacity.

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



DATA SOURCE: Prior to August 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since August 1, 2018: BHA Forensic Data System.

PRODUCED BY: DSHS Research and Data Analysis.

*Number of new in-jail or out-of-jail statuses 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 and 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.

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 Q2 reporting period, WSH and ESH combined completion times increased modestly (1.4 percent) resulting in an overall 0.2 day increase statewide to 14.6 days on average.

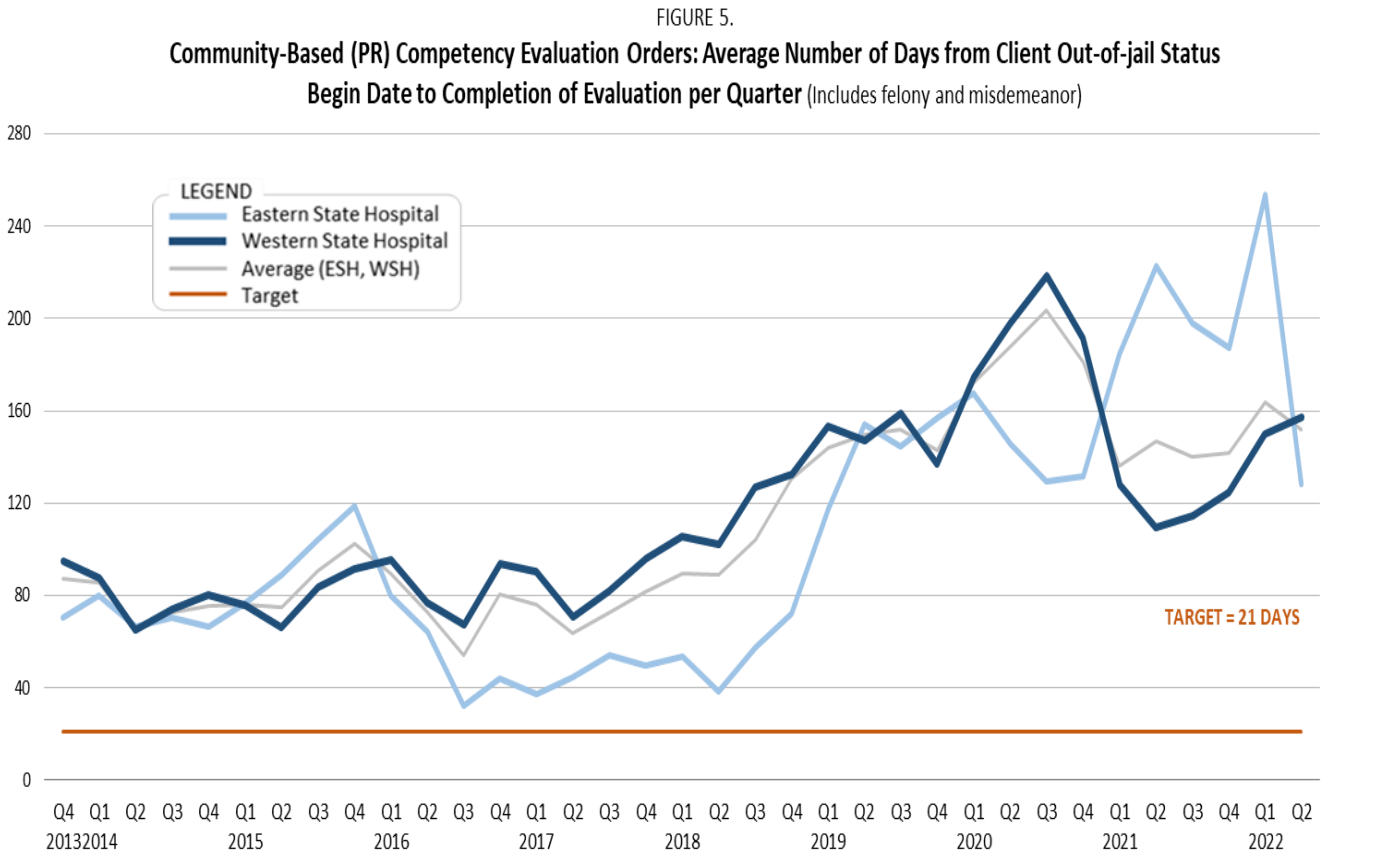
- ***Drivers*:** Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020. Evaluation demand, for jail-based evaluations, had not been at this level since Q4 2015. This historic collapse in demand [-47.2% in Q2 2020 to 619 evaluations] further serves to illustrate the significance of month-after-month increases in forensic evaluations and demand for mental health care services 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.

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. 1,340 jail-based evaluations in Q1 is an all-time record high for the first quarter (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.

While Omicron variant impacts continued to impact inpatient competency services in Q2, jail-based evaluations fully recovered and then increased to easily set new all-time records for a single quarter. Q2 saw 1,520 jail-based evaluations completed, an increase of 13.4 percent over Q1 2021, and an increase of 8.9 percent over the previous record of 1,396 evaluations recorded during Q4 2021.

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



DATA SOURCE: Prior to August 1, 2018: FES at Western State Hospital and MILO at Eastern State Hospital and Since August 1, 2018: BHA Forensic Data System.

PRODUCED BY: DSHS Research and Data Analysis.

*Number of new in-jail or out-of-jail statuses 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 and 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.

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 Q2, WSH increased 4.7 percent in average completion time. ESH's wait time dropped substantially 49.4 percent. Completed orders system wide increased significantly in Q2 to 204. This represents a 28.3 percent increase from Q1 2022.

- ***Drivers*:** The quarterly variability and worsening completion trend are attributed to directing resources to Trueblood cases as the number one completion priority. The established constitutional rights stemming from the Trueblood Court Order and negotiated Contempt Settlement Agreement demands that DSHS focus most resources and our 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. Although positive progress occurred in Q2, staff vacancies and wider systemic challenges in health care staffing remain persistent challenges impacting performance.

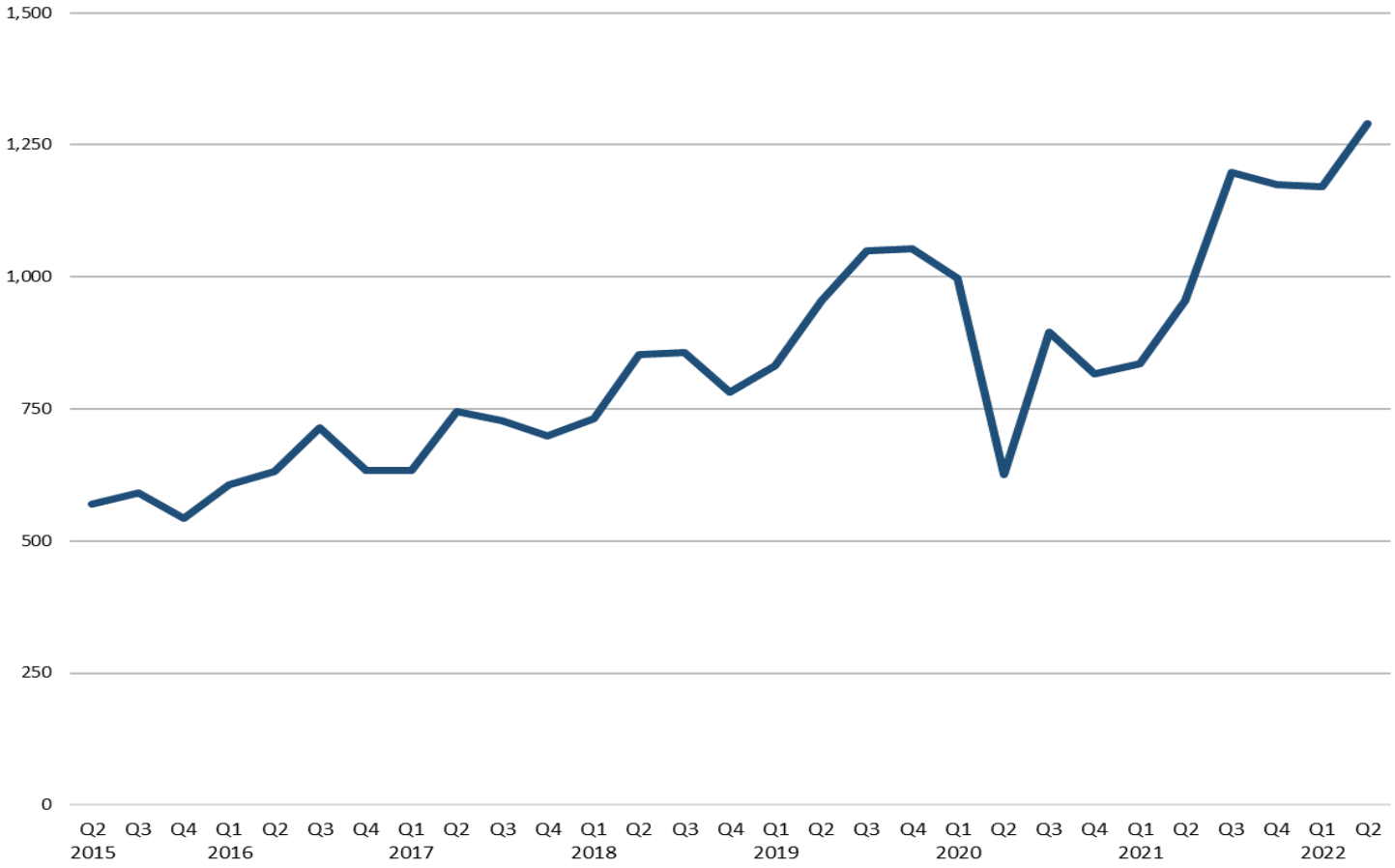
Global Quarterly Order Data

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*

FIGURE 6.

WSH 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, July 2022 Trueblood Monthly Report

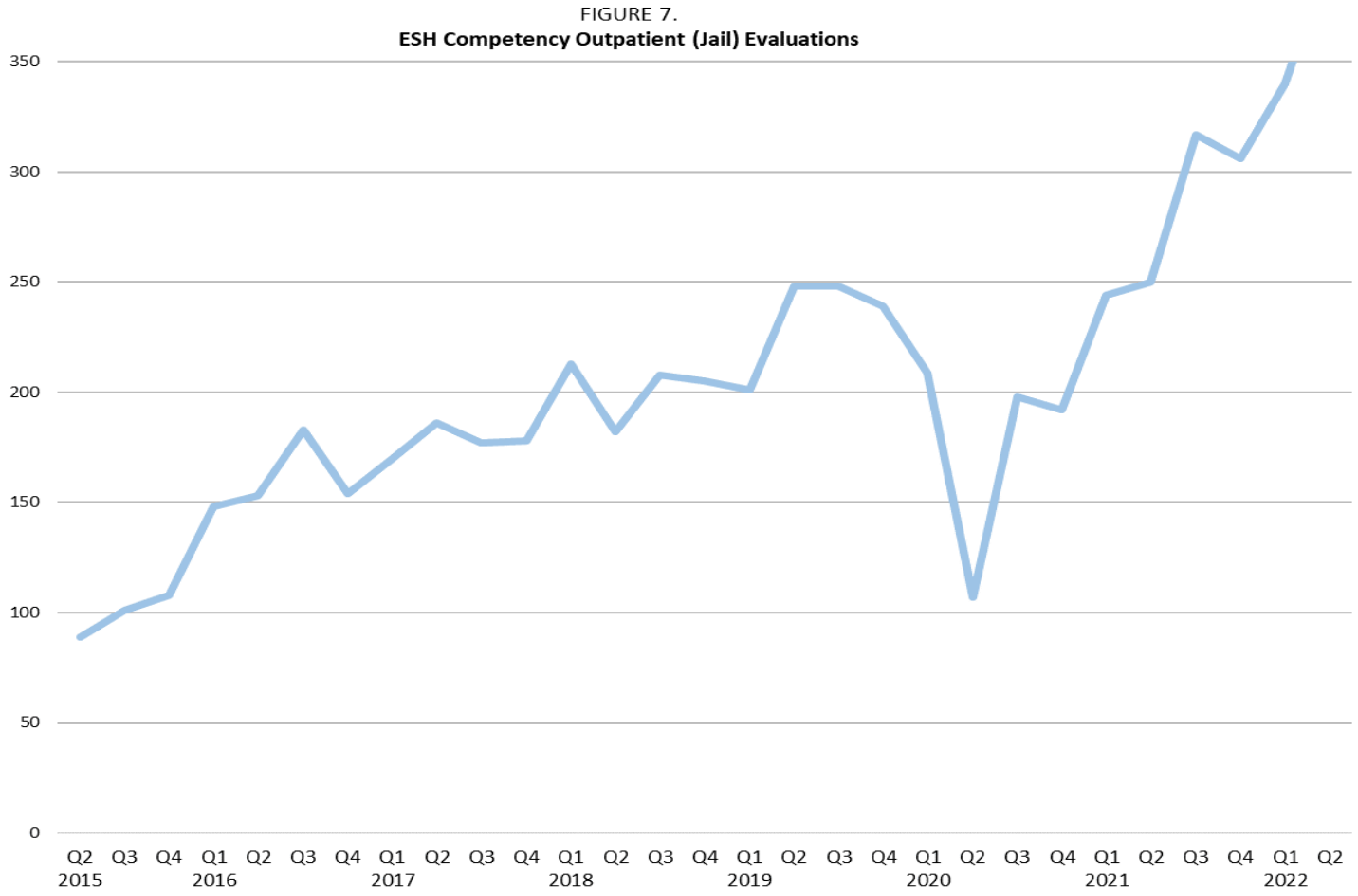
The chart above, Figure 6, illustrates WSH total quarterly referrals for jail-based evaluations.

- ***Outcomes*:** During the Q2 2022 reporting period, WSH increased moderately in quarterly referrals to 1,290 setting a new all-time quarterly record. Q2 exceeded the previous record (1,198 referrals) from Q3 2021 by 7.7 percent (annual averages: 2016=646.25;

2017=701.25; 2018=805.5; 2019=972.5; 2020=833.50; 2021=1,040.75; and through two quarters, 2022=1,230.5). After a decrease for full year 2020 due to COVID-19, 2021 returned to record levels exceeding the 2019 order numbers, and 2022 is so far on pace to overtop the newly established 2021 records.

- ***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*



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, July 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q2 reporting period, ESH's jail-based referrals increased significantly (17.1 percent) compared to Q1. Q2 2022's 398 referrals established a new all-time record, exceeding the previous record of 340 established in Q1.

- ***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

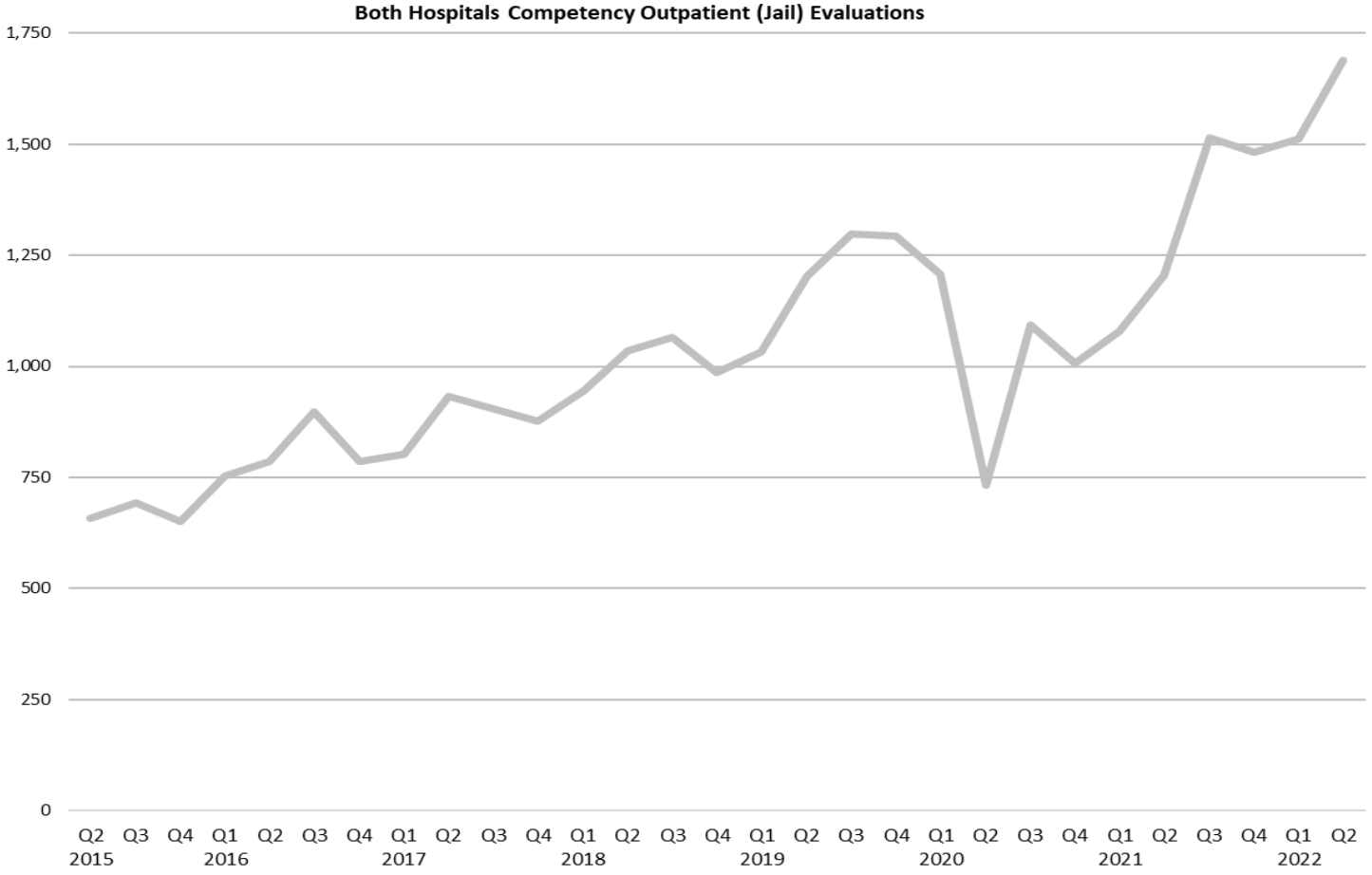
the department's services at a pace that has outstripped gains made in capacity and efficiency. Q1 and Q2 2021 saw jail-based competency evaluation demand return to the historic peak of referrals from 2019. Q2 2021 established a modest new record high for referrals of 250 (exceeding Q2 & Q3 2019's 248).

Significant additional growth in Q3 2021 pushed referrals to then record levels, exceeding 300 referrals in a quarter for the first time. After Q3 2021, demand levelled off and modestly decreased in Q4 (-3.5 percent), but orders increased again by 11.1 percent to set new record highs in Q1 2022. Q1's increase arrived despite typical seasonal variations in referral levels and the peak of the COVID-19 Omicron variant. As Omicron's impacts waned in Q2, ESH again surged to record high referral levels, and set the fourth all-time record for quarterly referrals in the last five quarters (Q2 2021 through Q2 2022). Additionally, since exceeding 300 referrals for the first time in Q3 2021, ESH has received more than 300 referrals in each of the last four quarters.

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

FIGURE 8.

Both Hospitals 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, July 2022 Trueblood Monthly Report

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

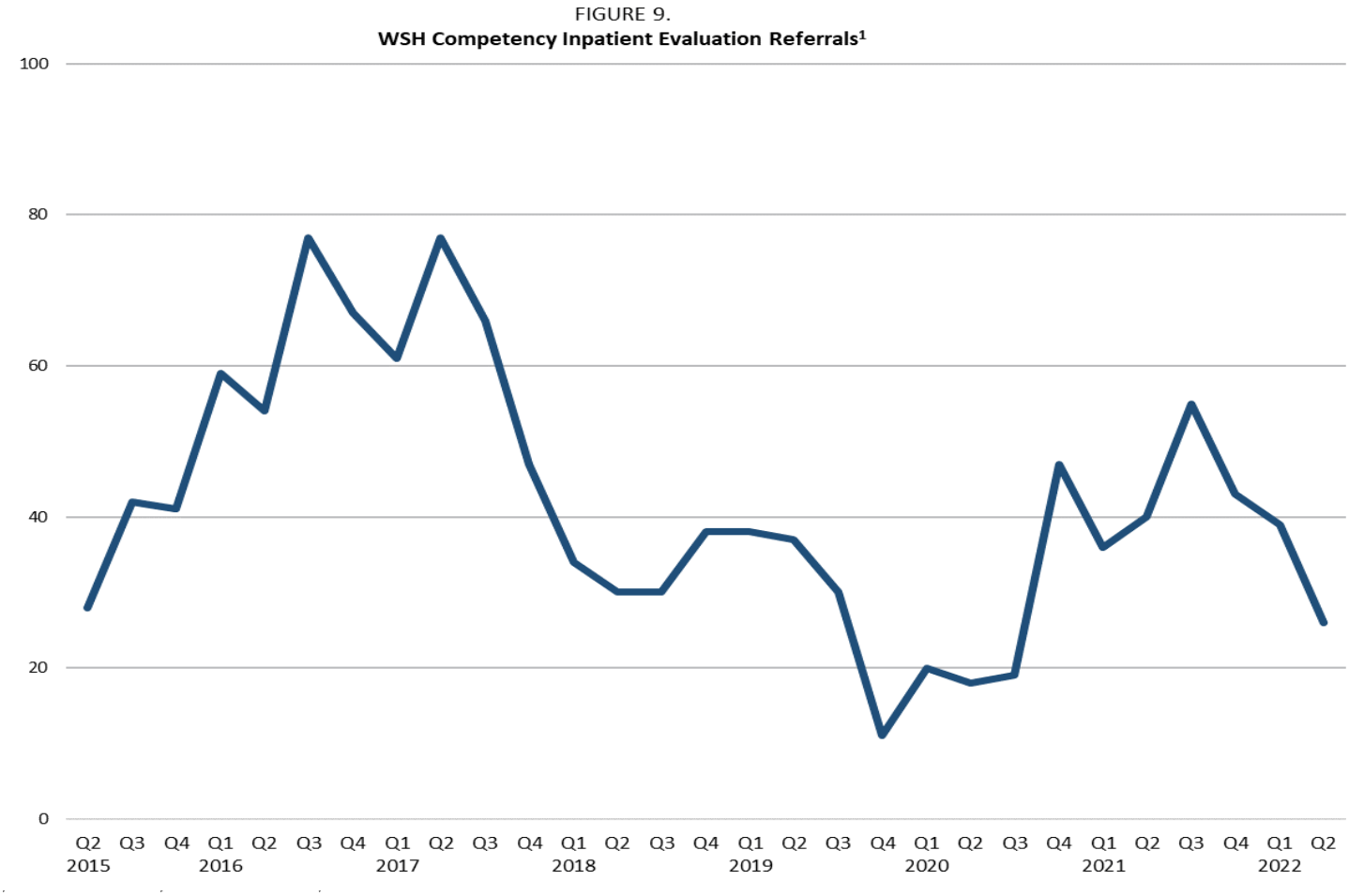
- ***Outcomes*:** During the Q2 reporting period, there was a significant increase of 11.7 percent in total referrals for both hospitals combined to 1,688 orders. This order level easily establishes a new all-time record for statewide jail-based evaluation referrals besting the previous quarterly record of 1,515 referrals from Q3 2021.

- ***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. In Q3 2021, referral levels exceeded 1,500 referrals for the first time. Subsequently, three of the last four quarters through Q2 2022 have seen jail-based referrals exceed 1,500, and Q2's record high referral level became the first quarter to exceed 1,600 referrals.

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*



[1]WSH Competency Inpatient Evaluation 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.

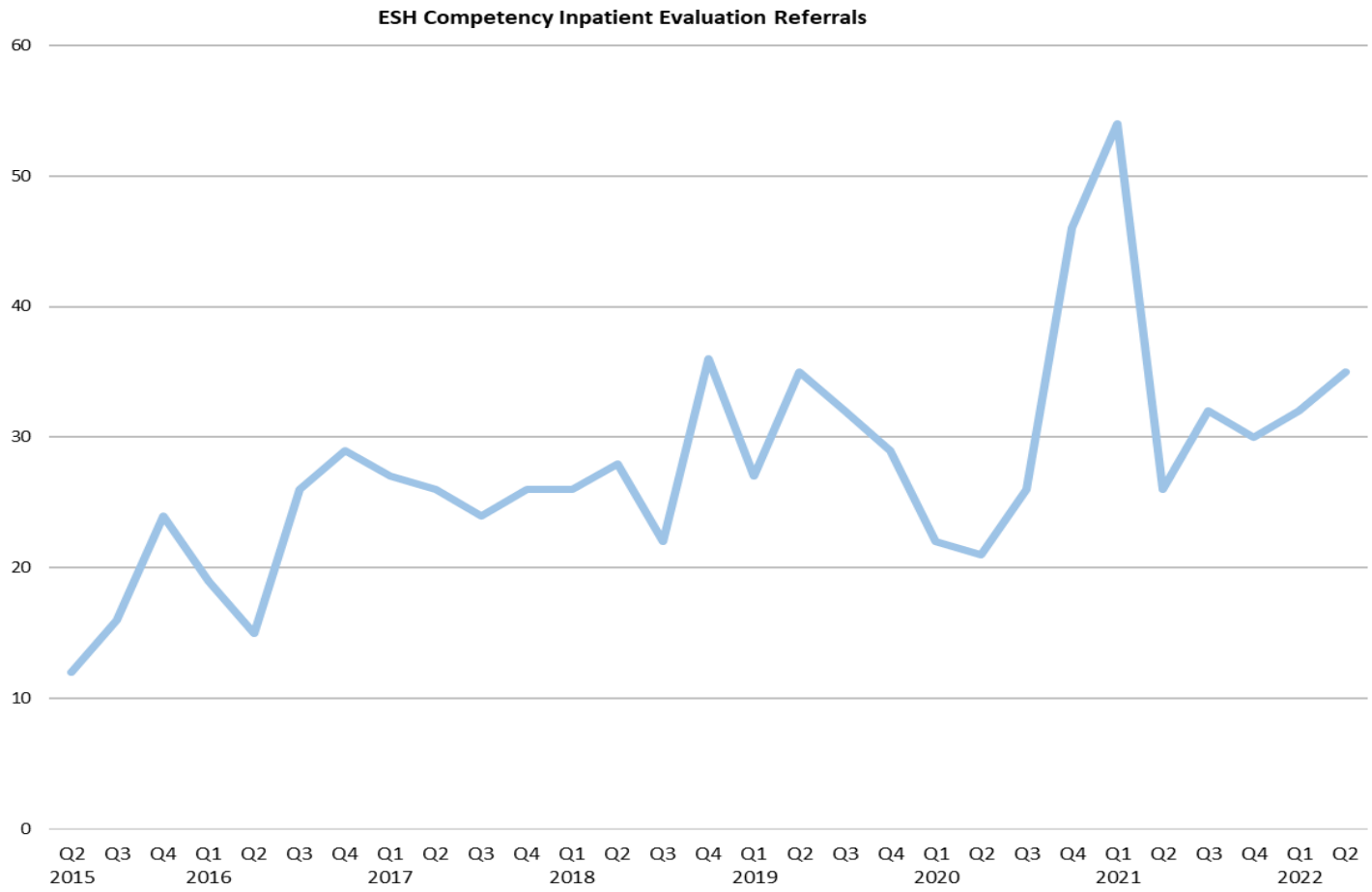
Data Source: DSHS Research and Data Analysis, July 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q2 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 out of jail evaluations for clients who are released from jail on personal recognizance. When the wait time for non-class member PR evaluations increases, a greater number of clients are court ordered to inpatient evaluations.

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, July 2022 Trueblood Monthly Report

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

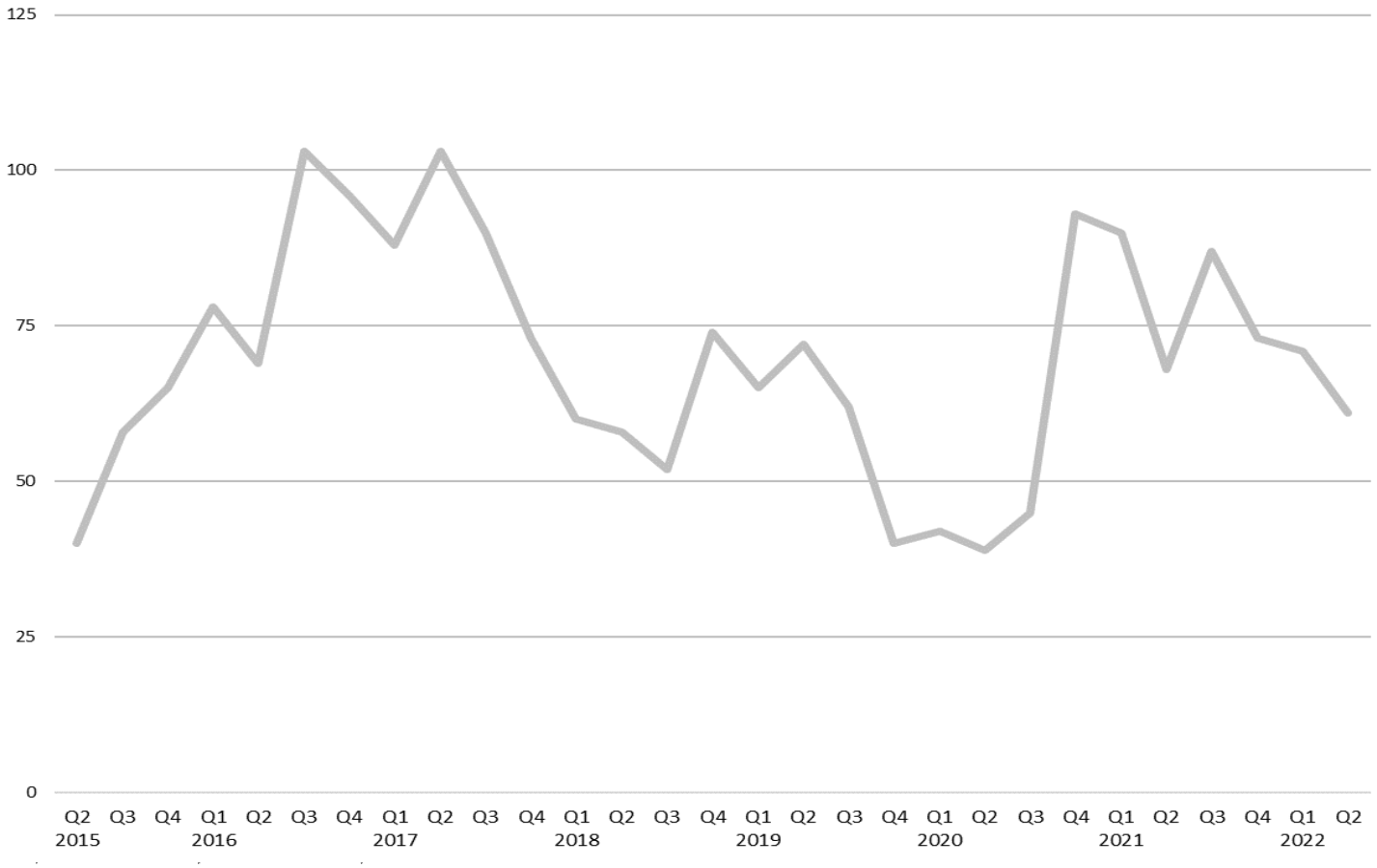
- ***Outcomes*:** During Q2 2022, ESH inpatient evaluation referrals increased moderately after remaining essentially flat, within a narrow range, for three consecutive quarters.

- ***Drivers*:** After experiencing periods of relative stability punctuated by demand spikes and drops at the beginning and end of each multi-quarter stable period, more recent demand appears to be contrary to BHA's more typical COVID-19 pandemic experience. A significant portion of recent inpatient evaluation increases consist of staff referrals for inpatient evaluation completion. Training and supervision efforts have mitigated and largely reduced excess staff-driven inpatient referrals from Q2 2021 with a moderate uptick

in Q3; referrals have now held steady from Q3 2021 through Q1 2022; and referrals again experienced a moderate increase in Q2 2022. Inpatient referral levels at ESH remain 35.2 percent below Q1 2021's all-time record high of 54.

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

FIGURE 11.
Both Hospitals Competency Inpatient Evaluations[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, July 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q2 2022 reporting period, referrals for both hospitals combined decreased by 14.1 percent.

- ***Drivers*:** As illustrated previously in Figure 8, it appears as though the criminal courts and defense counsel prefer to have most defendant competency evaluations completed in jail or in community settings. Admissions wait times for inpatient evaluations remain high.

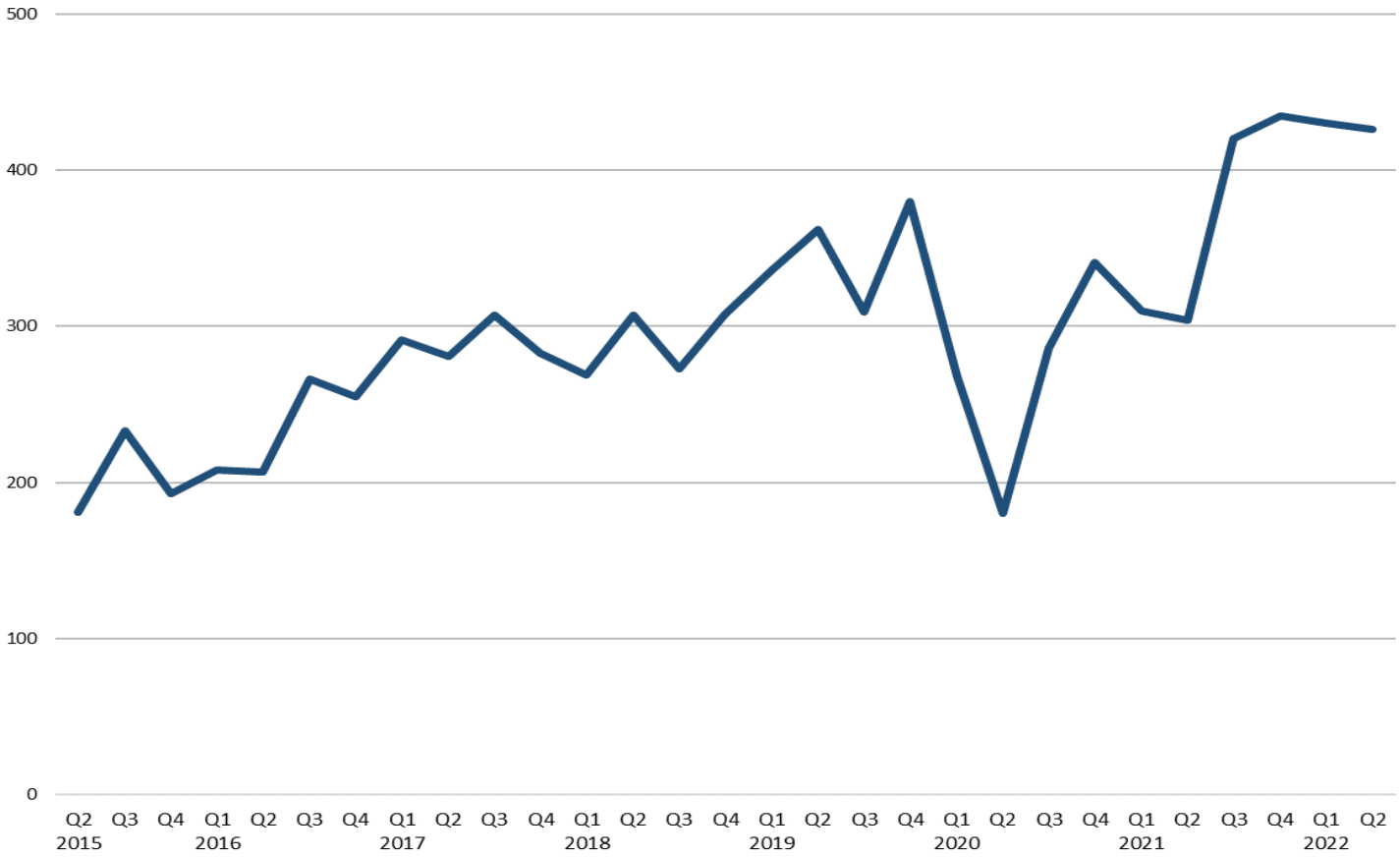
From Q2 2015-Q4 2019, just prior to the COVID-19 pandemic's confirmed arrival in Washington state, court orders have flowed to the two hospitals in very different patterns. ESH grew interminably over this time with its referral load tripling before subsiding to 242 percent above Q2 2015 referral numbers 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[1] 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. Initially, as courts shut down all but the most critical and emergent operations in the face of the pandemic, substantially greater numbers of defendants were released from pre-trial custody on PR while they awaited an inpatient bed opening at ESH or WSH.

[1] WSH's inpatient evaluation referrals peaked at 77 referrals per quarter in Q3 2016 and Q2 2017. From the peak, referrals fell 86% by Q4 2019, just prior to the COVID-19 pandemic's arrival in Washington state.

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

FIGURE 12.

WSH Competency Inpatient Restoration[1]



[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, July 2022 Trueblood Monthly Report

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

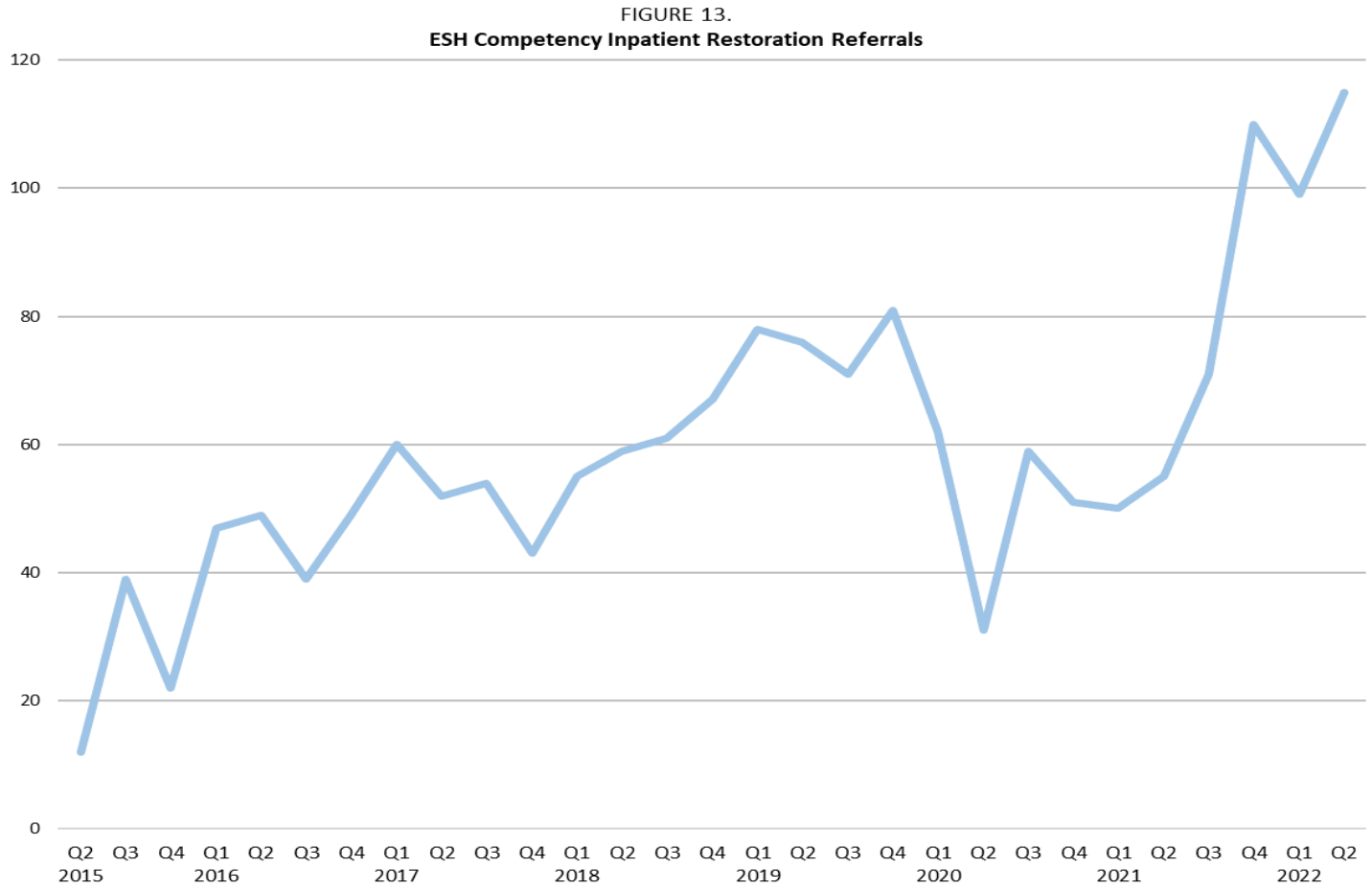
- ***Outcomes*:** During the Q2 2022 reporting period, referrals decreased slightly (<2%) and remained relatively flat from Q3 2021 through Q2 2022.

- ***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.

Even with the arrival of the especially virulent Delta and Omicron variants of COVID-19, Q3 and Q4 2021 inpatient restoration demand levels exceeded pre-pandemic levels, and both quarters were the first two quarters to exceed 400 restoration orders in a single quarter. Indeed, Q4 2021 remains the all-time record holder for most referrals in a single quarter, 435. Q1 2022 maintained these referral levels, dropping by just one percent, and Q2 again remained flat decreasing by less than one percent. WSH now has four consecutive quarters of 400 plus restoration orders, 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*



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, July 2022 Trueblood Monthly Report

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

- ***Outcomes*:** Q2 2022 referrals returned again to significant growth. From Q1, referrals increased 16.2 percent to a record high 115.

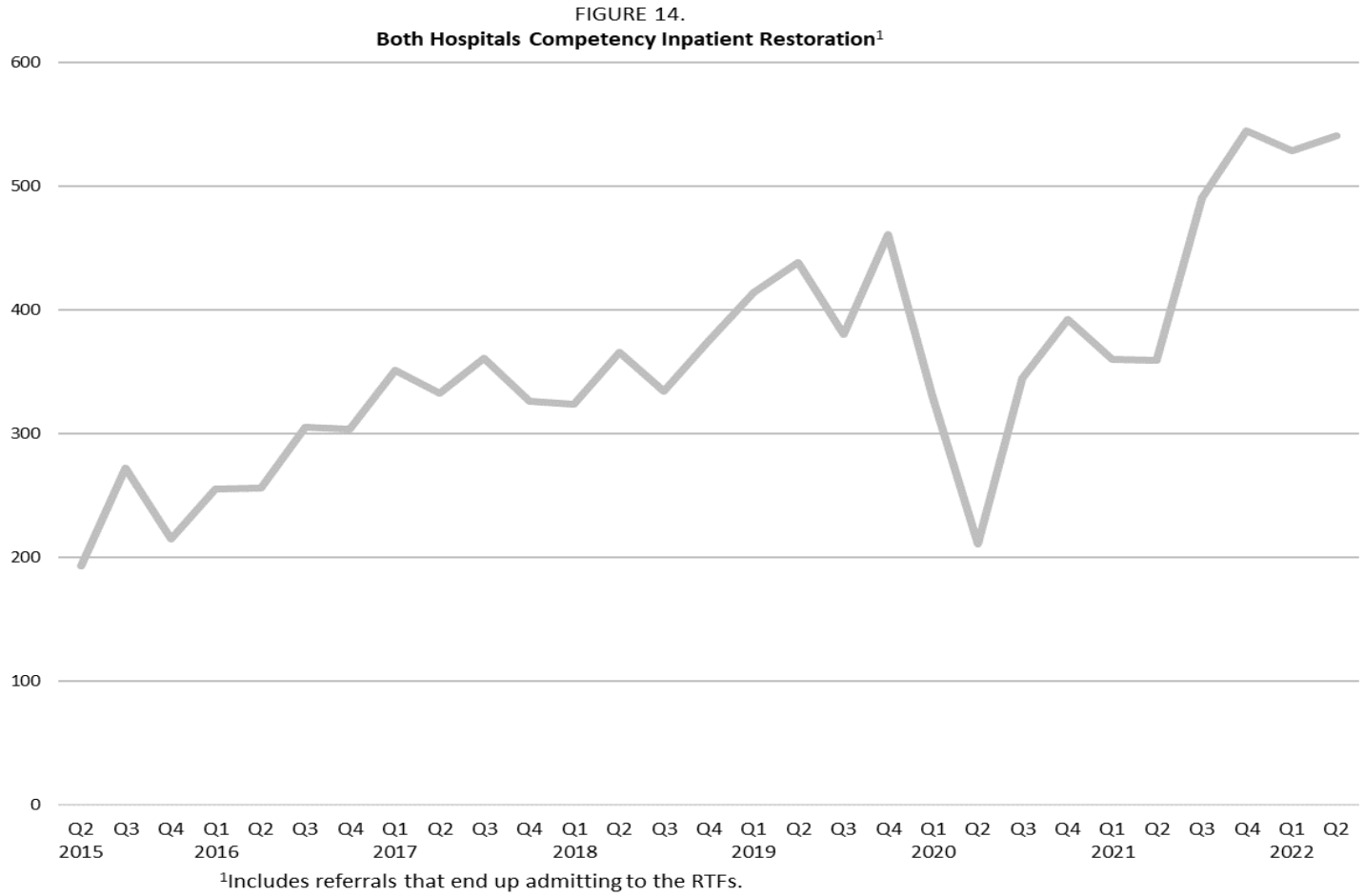
- ***Drivers*:** During the entire period covered by Figure 13, a clear upward trend line presents itself in the data showing sustained long-run demand increases, punctuated by brief, sharp declines, which then get overcome by the next spike in referrals.

  After setting a record high level of inpatient restoration referrals in Q4 2019 (81), restoration demand collapsed with the arrival of the COVID-19 pandemic in February

2020. At ESH, referrals reached a low point in Q2 2020 (62% below Q4 2019) before increasing somewhat and plateauing in a range 27-38 percent below Q4 2019 referral levels. Referrals persisted in this range for four consecutive quarters before first returning to pre-pandemic levels to now receiving between 99-115 referrals for three consecutive quarters. Two of the last three quarters set new all time records for referrals, and all three quarters easily exceeded the pre-pandemic record for referrals.

All else being equal, high levels of jail-based, inpatient, and PR competency evaluations will generally result in greater numbers of restoration referrals. 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*



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, July 2022 Trueblood Monthly Report

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

- ***Outcomes*:** During the Q2 2022 reporting period, WSH and ESH collectively saw referrals increase modestly (2.3%) to 541 for the quarter. Q4 2021 had 545 inpatient restoration referrals, the highest quarter on record. For the first two quarters of 2022, the quarterly average for referrals was 535. The 2021 quarterly average for referrals was 438.75. The 2020 quarterly average for referrals was 319.5. The 2019 quarterly average for referrals was 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.

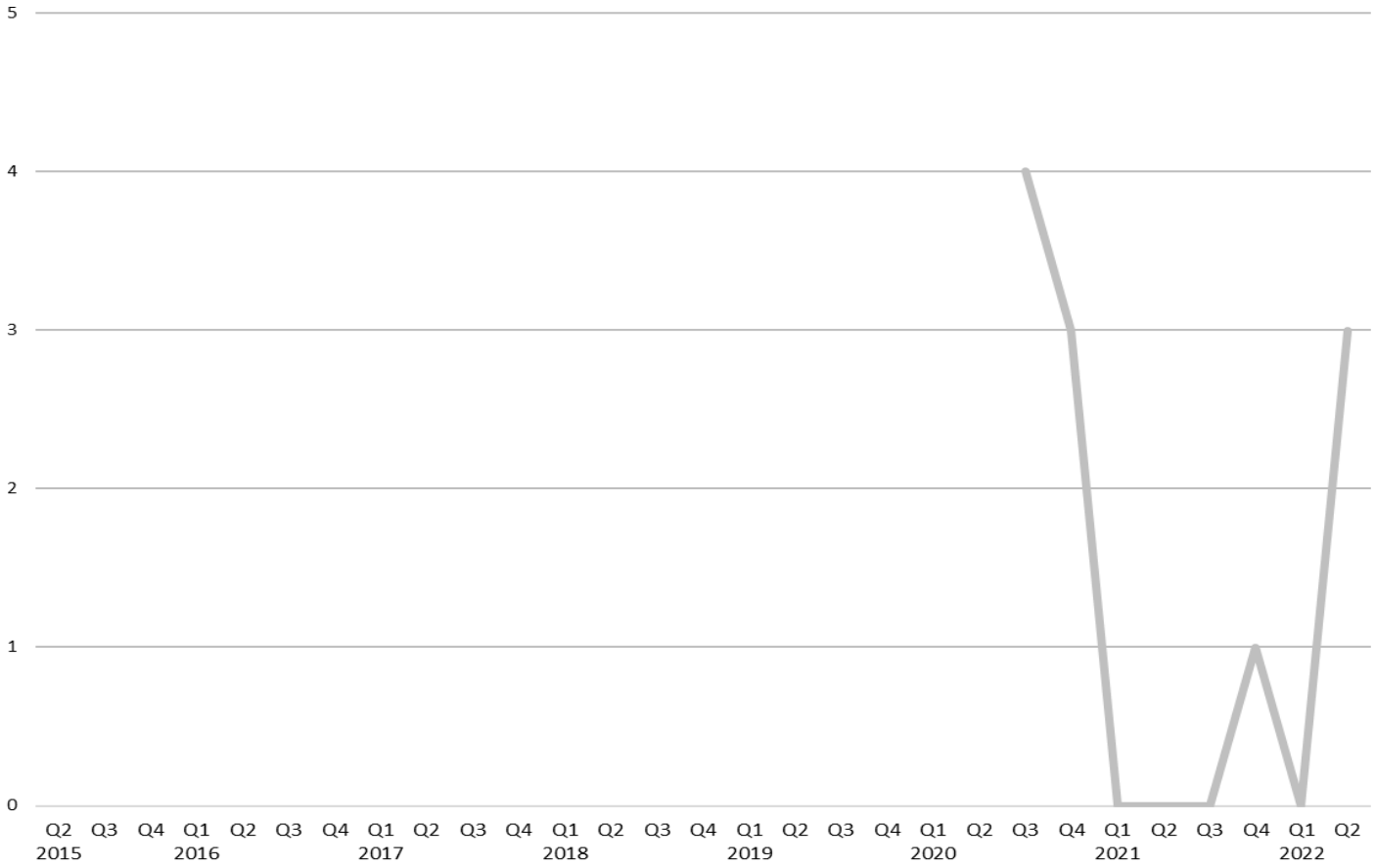
  Adding the ongoing COVID-19 pandemic as a new externality, OFMHS and its partners are adjusting to the new and continuously changing environment in which to safely serve our clients. Numerous pandemic-related changes include implementation of social distancing in the forensic wards, in part, by reducing patient census; admission 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.

  The state hospital system has experienced four consecutive quarters of record high referrals from Q3 2021 through Q2 2022. This includes three consecutive quarters, and the first three quarters ever, where referrals have exceeded 500 orders for restoration. services.

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, July 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, during Q4 2021, one additional jailed client received a referral to OCRP, and during Q2 2022, three additional clients waiting for restoration services in jail were ordered 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.

  During Q2 2022, HCA signed a provider services contract in the Phase 2 King region for provision of OCRP services. As a result, Phase 2 outpatient restoration begins later this year and additional updates will become available in the Q3 report.

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 collaborates 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. Four major goals for OFMHS during this period were (1) best-utilize current bed capacity; (2) gain efficiencies in the process of evaluation delivery; (3) fund prosecutorial diversion programs and implementation of five request for proposals (RFP's) using Trueblood fines; and (4) take action to address staffing challenges. 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 as part of COVID-19 protocols and often had to operate at a lower census due to COVID-19 induced admission holds. Each facility made these changes to allow for social distancing within the facility and to accommodate a quarantine room. Recently, Fort Steilacoom and Maple Lane have returned to a full capacity census of 30 clients each and build toward reaching capacity.

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 2021 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, admission holds, staffing shortages, and patient quarantines. Omicron-related impacts to facilities operations persisted into Q2 with admissions often running well below standard capacity or entirely on hold to prevent wider COVID-19 outbreaks. By the end of Q2, BHA facilities resumed a more normal level of COVID-19 impacted operations. 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 to identify individuals for whom expedited admissions may be appropriate. As of June 30, 2022, this program, called TCEA (Triage Consultation and Expedited Admissions), has identified and accepted requests for 452 individuals for expedited admissions, out of a total of 721 individual referrals.

While work to reduce inpatient demand for services continues, important capacity additions have come online. A 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 and at the 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.

Early in Q3 2022, OFMHS will implement a new process designed to allow suitable RTF clients on their second period of restoration to transition to outpatient restoration. Significant collaboration among Forensic Navigators, OCRP, the RTFs, and the criminal court system will allow this new effort to reduce demand and increase throughput of higher acuity beds to come to fruition. The new process allows clients to access significant community resources to aid in their restoration and provides more bed turnover at RTFs allowing patients with greater acuity admission to those beds. Additional information on the early operations of this process will be provided in the Q3 report.

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 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 June 2022, utilization of telehealth evaluations continues growing and is now at more than 215 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 and Q2 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 submitting a decision package to assume scheduling for all of our evaluators and aligning scheduling processes across the state.

Scheduling process unification and implementation continued in Q2 and early results remain promising. A strong team is excited and engaged in this transformative effort. Additionally, evaluators and supervisors from the west side have assisted in tackling the competency services case backlog to help the east side become more current in their evaluations.

Through the Demand to Bargain process, eastside evaluators transitioned 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 now 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. The pandemic has resulted in reduced enrollment opportunities for the three DSHS contracted diversion programs. All three programs continue efforts to improve enrollment, within the operational constraints caused by COVID-19, and OFMHS' Community Liaison and Diversion Specialist works with each program to reduce barriers to success.

Take Action to Address Staffing Challenges

Competing for staff talent with the private sector in the context of the ongoing pandemic leaves many positions, especially at our treatment facilities, chronically short-staffed. OFMHS identifies and implements creative solutions within our existing authority and partners with executive

leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. During the recently completed quarter, DSHS took a number of steps to alleviate staffing challenges. Steps taken included hiring more contractors and travel nurses, adding recruitment resources to both WSH and ESH, especially to hire nurses, partnered with OFM to adjust pay ranges for certain positions, expanded our successful forensic evaluator training and recruitment post-doctoral program from three-to-five interns this year, and engaged a successful Demand to Bargain with labor partners to allow for contract evaluations to take place until vacancies can be filled.

NEXT STEPS

Future reports will provide continued progress reporting, with a focus on efforts made in five main areas as they relate 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, (4) decreasing demand for competency services, and (5) identifying and implementing additional actions to address staffing challenges.

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; new NGRI (30 beds) and new civil RTF (16 beds) facilities at Maple Lane are planned, which would free up additional ward space at WSH; planning continues for a 48-bed civil facility jointly run between HCA contractors and DSHS; and work continues on a Snohomish County civil RTF (16 beds) in partnership with the Tulalip Tribes and HCA. These new beds would allow civil patients to obtain treatment closer to home while forensic clients could potentially gain additional beds at WSH. Additionally, the new 350-bed forensic hospital on WSH's campus continues in its design phase and looking toward a potential opening in 2027.

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 contracted with a provider to implement OCRP in King County. Restoration services may begin in Q3 as soon as the provider hires and trains a full complement of staff for the program.

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 implemented their initial suite of services for Phase 2 in the King region. Services became active during Q1 2022.

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, have threatened 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. Moving into and through Q2 2022, the impacts of Omicron continued to slowly wane, and competency services referrals remain at or near record levels.

In addition to impacting OFMHS' manner and ability to operate services, COVID-19 has substantially exacerbated systemic health care staffing challenges, many of which already impacted the forensic mental health system prior to COVID-19's emergence. Competing for staff talent with the private sector and in the context of the ongoing pandemic leaves many positions, especially at our treatment facilities, chronically short-staffed. Nevertheless, OFMHS identifies and implements creative solutions within our existing authority and partners with executive leadership, state human resources, labor, and other partners to develop and implement innovative approaches to recruiting and retaining critical staff positions. OFMHS will continue this critical focus in Q3.

SUMMARY

The department continues work on impacting 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; (4) decrease demand for competency services; and (5) identify and implement additional actions to address staffing challenges.

Ensuring every bed's optimal use to meet requirements under Trueblood, by maintaining efficient referral and admission practices, remains critical to OFMHS' work toward achieving compliance.

Ongoing triage and diversion efforts continue to 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.

Taking creative actions within the scope of OFMHS' authority, partnering with our internal constituencies, and working toward implementing new policies and practices to attract and retain passionate, talented staff remains critical to success.

Now through Phase 1 and at the midway point of Phase 2 of the Contempt Settlement Agreement, 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

		Competency Outpatient (Jail) Evaluations Orders			Competency Inpatient Evaluation Orders			Competency Inpatient Restoration Orders			Competency Outpatient Restoration Orders
		NUMBER OF COURT ORDERS SIGNED			NUMBER OF COURT ORDERS SIGNED			NUMBER OF COURT ORDERS SIGNED			
		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	43	73	110	435	545	1
2022	Q1	340	1171	1511	32	39	71	99	430	529	0
	Q2	398	1290	1688	35	26	61	115	426	541	3

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

SOURCE: July 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	Both ESH and WSH	Western State Hospital	Eastern State Hospital
				AVERAGE DAYS		
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	Both ESH and WSH	Western State Hospital	Eastern State Hospital
				AVERAGE DAYS		
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	Both ESH and WSH	Western State Hospital	Eastern State Hospital
				AVERAGE DAYS		
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	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	257	7	73.1	60.2	62.9

FIGURE B2.

Inpatient Evaluations

CY		Admits ESH+WSH	Target DAYS	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	34	7	54.5	58.5	57.1

FIGURE B3.

Inpatient Restorations

CY		Admits ESH+WSH	Target DAYS	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	223	7	78.5	60.4	63.8

PRODUCED BY: DSHS Research and Data Analysis, July 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(IE. 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)

		Both ESH and WSH				
		Western State Hospital				
		Eastern State Hospital				
CY		Admits ESH+WSH	Target DAYS	AVERAGE DAYS		
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

		Both ESH and WSH				
		Western State Hospital				
		Eastern State Hospital				
CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS		
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

		Both ESH and WSH				
		Western State Hospital				
		Eastern State Hospital				
CY		Complete ESH+WSH	Target DAYS	AVERAGE DAYS		
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	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	73	7	12.3	11.5	11.7

FIGURE C2.
In-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	1520	7	18.9	13.4	14.6

FIGURE C3.
Out-of-Jail Evaluations

CY		Complete ESH+WSH	Target DAYS	Both ESH and WSH AVERAGE DAYS	Western State Hospital AVERAGE DAYS	Eastern State Hospital AVERAGE DAYS
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
	Q2	204	21	128.4	157.2	152.1

PRODUCED BY: DSHS Research and Data Analysis, July 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 and 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.

NOTE: The measures for the Inpatient 72-hour Dismissal Evaluations also includes the 120 Hour Dismissal Evaluations; beginning 6/9/22.