

REPORT TO THE LEGISLATURE

**Forensic Admissions and Evaluations-Performance Targets 2022
Fourth Quarter (October 1, 2022-December 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)
As further amended by Second Substitute Senate Bill 5664, Section 3
(Chapter 288, Laws of 2022; partial veto) RCW 10.77.068(7)

April 26, 2023

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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.

On June 9, 2022, 2SSB 5664 further amended RCW 10.77.068. The bill made minor changes to the authorizing section for this report, moving it from RCW 10.77.068(3) to .068(7), it added a reference to a second subsection of performance targets, it cleaned up other minor language usage, and it removed an old implementation requirement that no longer applies. The 2022 statutory text requiring this quarterly report from RCW 10.77.068(7) follows:

(7) Following any quarter in which a state hospital has failed to meet one or more of the performance targets or maximum time limits under subsection (1) or (2) of this section, the department shall report to the executive and the legislature the extent of this deviation and describe any corrective action being taken to improve performance. This report shall be made publicly available. An average may be used to determine timeliness under this subsection.

Competency Evaluation and Restoration Data

In addition to the minor changes to the statutory subsection authorizing this report, which were described above, 2SSB 5664 also made substantial changes to the performance targets and maximum time limits this report communicates when the department fails to meet one or more statutory requirements. Most of these changes, bring state requirements into much closer alignment with our federal requirements under the Trueblood Contempt Settlement Agreement.

RCW 10.77.068 was originally enacted in 2012 as SSB 6492. It was amended by SSB 5889 in 2015 and further amended by 2SSB 5664 in 2022. Below are the current performance targets and maximums detailed in the 2022 version of RCW 10.77.068, which took effect on June 9, 2022:

(1)(a) The legislature establishes a performance target of seven days or fewer to extend an offer of admission to a defendant in pretrial custody for

inpatient competency evaluation or inpatient competency restoration services, when access to the services is legally authorized.

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(a) listed above.

(2)(a) A maximum time limit of seven days as measured from the department's receipt of the court order, or a maximum time limit of 14 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(a) of this section.

The series of subsections below establish performance targets and maximums for jail-based evaluations and civil conversion cases:

(1)(b) The legislature establishes a performance target of 14 days or fewer for the following services related to competency to stand trial, when access to the services is legally authorized:

(1)(b)(i) To complete a competency evaluation in jail and distribute the evaluation report; and

(1)(b)(ii) To extend an offer of admission to a defendant ordered to be committed to a state hospital following dismissal of charges based on incompetency to stand trial under RCW 10.77.086.

The subsection below provides for a maximum time limit to complete competency services authorized by subsection (1)(b)(i)-(ii) listed immediately above.

(2)(b) A maximum time limit of 14 days as measured from the department's receipt of the court order, or a maximum time limit of 21 days as measured from signature of the court order, whichever is shorter, is established to complete the services specified in subsection (1)(b) of this section.

The final subsection below provides a performance target for personal recognizance evaluations:

(1)(c) The legislature establishes a performance target of 21 days or fewer to complete a competency evaluation in the community and distribute the evaluation report.

As mandated by RCW 10.77.068(7), the following quarterly report explains the extent to which the state hospitals deviated from performance targets in quarter four of 2022 (Oct. 1, 2022-Dec. 31, 2022) and describes the plans to meet these performance targets.

New Law Reporting Debuted with the Q3 2022 Report

The Legislature approved and the Governor signed into law, 2SSB 5664, Chapter 288, Laws of 2022. The legislation took effect on June 9, 2022 after the Governor vetoed the emergency clause attached to Section 9 of the legislation. The new law updates the performance targets and performance maximum reporting requirements for this quarterly report, and the redesigned data displays debuted in the Q3 report. This Q4 2022 report is the second such report under the new law performance targets and maximums.

DATA ANALYSIS AND DISCUSSION

This section of the report provides visual representation of data from the Forensic Data System dating back to Q4 2018 as well as outcomes and drivers analysis for more recent data. 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 [monthly Court Monitor reports](#).

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 Tables 1a-12b and Figures 1a-12b. These changes do not affect how any of the metrics are calculated. Instead, the changes 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 part of the Q4 2021 report's regular updates to figures and charts:

- 1) All usage of "referral(s)" 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."

With one exception, the changes to the data labels, text, and references that debuted in Q4 2021, have been carried through and remain part of the report following the new law changes effective for the Q3 2022 reporting period. References to "Out-of-Jail" client status are updated to "In the Community" beginning for the Q3 2022 report.

Competency Services Order Data for Client In-Jail or In the Community Status Begin Date

Beginning on page eight, the initial data section presents, Tables 1a-8b and Figures 1a-8b, which show competency services order data. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Inpatient competency evaluation orders (admissions or all completed orders) – waiting in-jail/waiting in the community
- Inpatient civil conversion orders (admissions or all completed orders) – waiting in-jail/waiting in the community

- Outpatient competency evaluation orders (reports sent to court or all completed orders) – waiting in-jail/in the community.

The tables further categorize the data and then group it by WSH, ESH, and both hospitals combined (statewide) when the client competency services order originates while the client is either waiting in-jail or waiting in the community for services.

Guidance on Navigating and Interpreting the New Data Charts

Q3 2022 was the first full quarter the new law’s performance targets and maximum standards were in effect. The department’s Research and Data Analytics unit has used the new law standards for all data displayed in this report, historic and present. If you wish to review data from Q2 2022 or earlier calculated under previous legal standards, you can review previous reports at the [Reports to the Legislature webpage](#).

Each data table in this report is also accompanied by a companion figure. The tables present numeric data across several categories consistent with each table’s title. Likewise, the companion figures present a subset of data from their corresponding table visually. First, the table will be presented followed by the companion figure. After both the corresponding table and figure are presented, outcomes and drivers covering the data will be discussed.

The data is dynamic, and the most recent quarter’s initial results generally will continue to change and become more reliable over time as the data matures. Likewise, due to the Trueblood lawsuit, case prioritization, civil conversion cases, triage cases, lengthy wait times, and other considerations, many cases take more than one quarter to be resolved, and as a result will not show as completed cases in the data until the quarter in which the case is resolved.

Several tables are based on only a few clients utilizing the legal authority each quarter. As a result, changes in the results of very few cases, from quarter-to-quarter, result in significant data fluctuations. Where possible, this is noted in the analysis.

Following each data table, especially Tables 1a-8b, you will find several data notes corresponding to data variables or other important information in the tables. The notes vary quite a bit from table-to-table, so please be advised that it is important to review all of the notes. In particular, the term “span” is frequently used throughout the data tables. Generally, “span” refers to a court order joined as a unit of time and location (time “in-jail” or “in the community”). For ease of understanding, the report often simplifies span to “court order” when discussing data throughout the report.

As this report is for a 2022 enacted law, it will take several quarters, at least, to understand how the data responds over time to internal and external influences. The department cautions against relying too heavily on initial Q3 and Q4 results, as the data will continue to complete, mature, and change over time. This is especially important for tables with small n's (numbers), as they will change quarter-by-quarter in an even more significant manner. The data presentation begins on the following page with Table 1a.

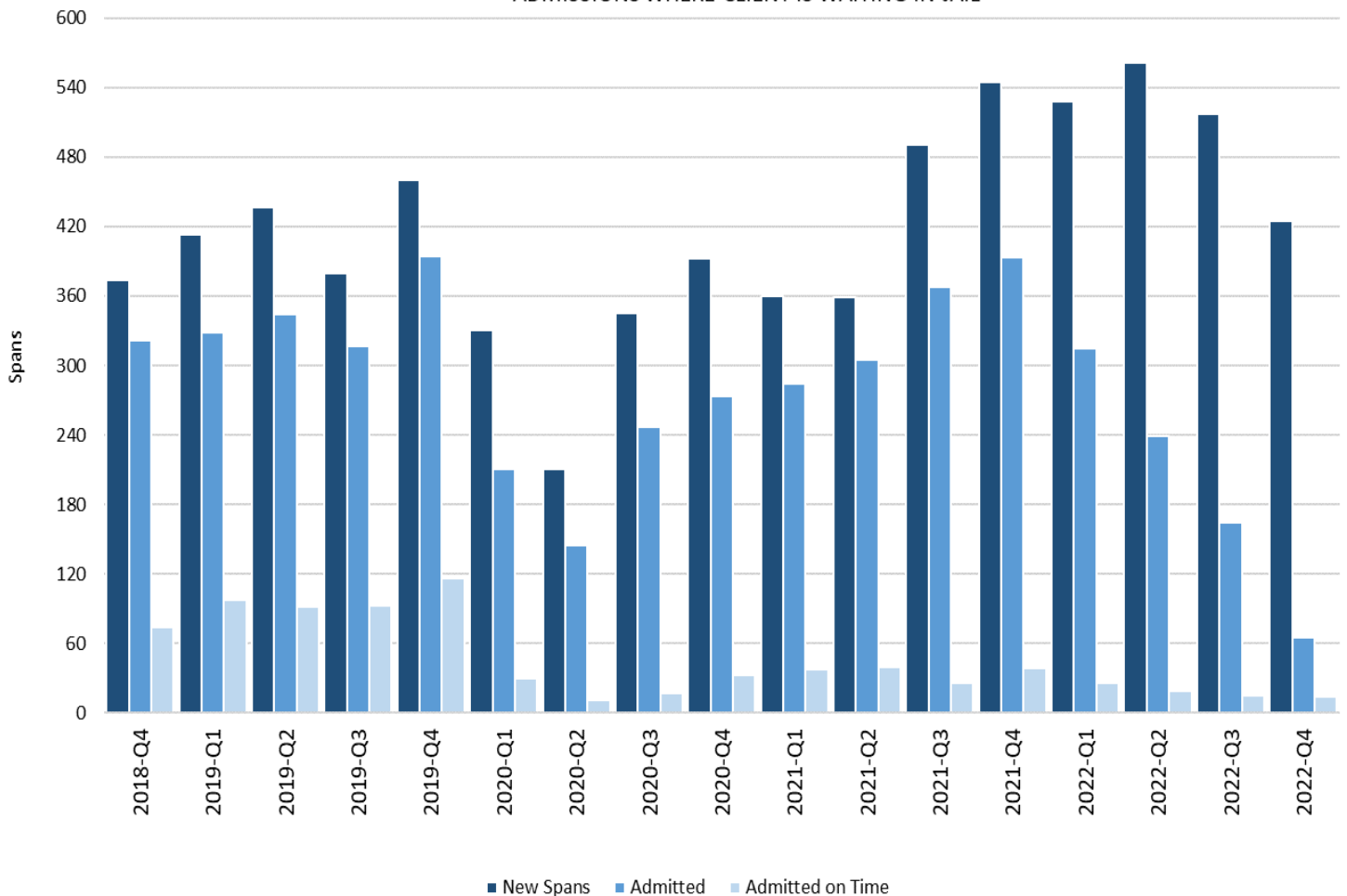
**Table 1a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS
for individuals WAITING IN JAIL for services, by quarter (1)**

STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL (6)					
2018-Q4	374	322	86.1%	41.2	74	23.0%	67	66	98.5%	21.2	13	19.7%	307	256	83.4%	46.4	61	23.8%
2019-Q1	413	328	79.4%	35.1	98	29.9%	78	74	94.9%	26.1	19	25.7%	335	254	75.8%	37.7	79	31.1%
2019-Q2	437	344	78.7%	40.6	92	26.7%	76	65	85.5%	38.1	14	21.5%	361	279	77.3%	41.1	78	28.0%
2019-Q3	380	317	83.4%	35.3	93	29.3%	71	64	90.1%	31.4	24	37.5%	309	253	81.9%	36.2	69	27.3%
2019-Q4	460	394	85.7%	34.3	116	29.4%	81	74	91.4%	35.3	21	28.4%	379	320	84.4%	34.0	95	29.7%
2020-Q1	330	211	63.9%	48.3	30	14.2%	62	36	58.1%	50.2	5	13.9%	268	175	65.3%	47.9	25	14.3%
2020-Q2	211	145	68.7%	59.0	11	7.6%	31	11	35.5%	72.4	1	9.1%	180	134	74.4%	57.9	10	7.5%
2020-Q3	345	247	71.6%	46.8	17	6.9%	59	38	64.4%	64.9	2	5.3%	286	209	73.1%	43.5	15	7.2%
2020-Q4	392	273	69.6%	54.9	33	12.1%	51	29	56.9%	61.7	2	6.9%	341	244	71.6%	54.0	31	12.7%
2021-Q1	360	284	78.9%	35.8	38	13.4%	50	41	82.0%	32.0	12	29.3%	310	243	78.4%	36.5	26	10.7%
2021-Q2	359	305	85.0%	31.8	40	13.1%	55	51	92.7%	26.9	0	0.0%	304	254	83.6%	32.7	40	15.7%
2021-Q3	491	368	74.9%	51.8	26	7.1%	71	57	80.3%	44.3	3	5.3%	420	311	74.0%	53.2	23	7.4%
2021-Q4	545	393	72.1%	60.9	39	9.9%	110	64	58.2%	66.1	4	6.3%	435	329	75.6%	59.9	35	10.6%
2022-Q1	528	315	59.7%	72.6	26	8.3%	99	69	69.7%	78.1	6	8.7%	429	246	57.3%	71.0	20	8.1%
2022-Q2	561	239	42.6%	81.5	19	7.9%	110	72	65.5%	121.9	4	5.6%	451	167	37.0%	64.1	15	9.0%
2022-Q3	517	164	31.7%	61.5	15	9.1%	109	43	39.4%	100.4	2	4.7%	408	121	29.7%	47.6	13	10.7%
2022-Q4	425	65	15.3%	27.2	14	21.5%	70	9	12.9%	19.6	1	11.1%	355	56	15.8%	28.4	13	23.2%

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.
- (4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.
- (6) Measures for WSH Restorations include court orders for clients that admit to Restoration Treatment Facilities (RTF).

Figure 1a - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
 ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 1a shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 1a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: During Q4 2022, the number of inpatient restoration orders decreased significantly by 17.8 percent. The number of inpatient competency restoration orders admitted during Q4 was 65 orders; for orders admitted during Q4, the average days waiting for admissions statewide, between order for restoration and admission, was 27.2 days; and on time admissions in Q4, 21.5 percent. As time continues to elapse and distance from Q4 increases, a greater number of court orders originally signed in Q4 will be admitted; thus, improving the number of orders admitted and the percent admitted. As additional orders continue to complete with elapsing time, other variables will perform negatively: average days waiting, number admitted on time, and percent admitted on time. As the Q4 2022 data continues to mature over the next several quarters, the performance variables are likely to resemble the preceding quarters much more closely.

Drivers: Initially the Delta variant, and then especially the Omicron variant of COVID-19 highly impacted BHA facilities from Q4 2021 through Q2 2022 resulting in a substantial decrease in admissions and treatment capacity. Finally, at the end of Q2, and into Q3, BHA inpatient facilities began experiencing reduced levels of impacts from COVID-19, returning to the more normal levels of COVID-19 related impacts experienced by BHA’s health care facilities over the last 2.5 years. During periods of pandemic-related admissions slowdowns and ward holds, civil cases often have ended up more and more in forensic beds with limited or no ability to move the cases to civil wards or to community placements. This is a significant contributing factor to the substantial decrease in forensic admissions offers to inpatient restoration clients.

**Table 1b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN JAIL for services, by quarter (1)**

	Percent Completed on Time (5) Completed on Time (5)							Percent Completed on Time (5) Completed on Time (5)							Percent Completed on Time (5) Completed on Time (5)						
	Average Days Waiting (4)							Average Days Waiting (4)							Average Days Waiting (4)						
	Percent Completed (3)							Percent Completed (3)							Percent Completed (3)						
	Completed (3)							Completed (3)							Completed (3)						
	New Spans (2)							New Spans (2)							New Spans (2)						
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL (6)						
Quarter	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)	New Spans (2)	Completed (3)	Percent Completed (3)	Average Days Waiting (4)	Completed on Time (5)	Percent Completed on Time (5)			
2018-Q4	374	374	100.0%	42.7	77	20.6%	67	67	100.0%	22.0	13	19.4%	307	307	100.0%	47.2	64	20.8%			
2019-Q1	413	413	100.0%	35.0	104	25.2%	78	78	100.0%	25.3	20	25.6%	335	335	100.0%	37.3	84	25.1%			
2019-Q2	437	437	100.0%	40.1	100	22.9%	76	76	100.0%	37.3	17	22.4%	361	361	100.0%	40.7	83	23.0%			
2019-Q3	380	380	100.0%	35.1	102	26.8%	71	71	100.0%	32.5	24	33.8%	309	309	100.0%	35.7	78	25.2%			
2019-Q4	460	460	100.0%	34.5	128	27.8%	81	81	100.0%	36.4	21	25.9%	379	379	100.0%	34.1	107	28.2%			
2020-Q1	330	330	100.0%	47.3	35	10.6%	62	62	100.0%	53.0	5	8.1%	268	268	100.0%	46.0	30	11.2%			
2020-Q2	211	211	100.0%	55.5	12	5.7%	31	31	100.0%	57.8	2	6.5%	180	180	100.0%	55.2	10	5.6%			
2020-Q3	345	345	100.0%	44.1	31	9.0%	59	59	100.0%	61.5	3	5.1%	286	286	100.0%	40.5	28	9.8%			
2020-Q4	392	392	100.0%	50.4	38	9.7%	51	51	100.0%	61.6	3	5.9%	341	341	100.0%	48.7	35	10.3%			
2021-Q1	360	360	100.0%	33.2	47	13.1%	50	50	100.0%	31.1	12	24.0%	310	310	100.0%	33.5	35	11.3%			
2021-Q2	359	359	100.0%	31.5	46	12.8%	55	55	100.0%	27.1	1	1.8%	304	304	100.0%	32.4	45	14.8%			
2021-Q3	491	491	100.0%	48.5	28	5.7%	71	71	100.0%	41.3	3	4.2%	420	420	100.0%	49.7	25	6.0%			
2021-Q4	545	545	100.0%	55.8	49	9.0%	110	110	100.0%	61.4	7	6.4%	435	435	100.0%	54.4	42	9.7%			
2022-Q1	528	504	95.5%	70.3	35	6.9%	99	99	100.0%	72.0	9	9.1%	429	405	94.4%	69.9	26	6.4%			
2022-Q2	561	451	80.4%	83.1	27	6.0%	110	110	100.0%	106.7	8	7.3%	451	341	75.6%	75.5	19	5.6%			
2022-Q3	517	323	62.5%	61.0	25	7.7%	109	79	72.5%	90.1	6	7.6%	408	244	59.8%	51.6	19	7.8%			
2022-Q4	425	121	28.5%	27.3	19	15.7%	70	14	20.0%	14.6	4	28.6%	355	107	30.1%	29.0	15	14.0%			

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 1a above in that it includes all completions, not just those where the client was admitted to a facility.

(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

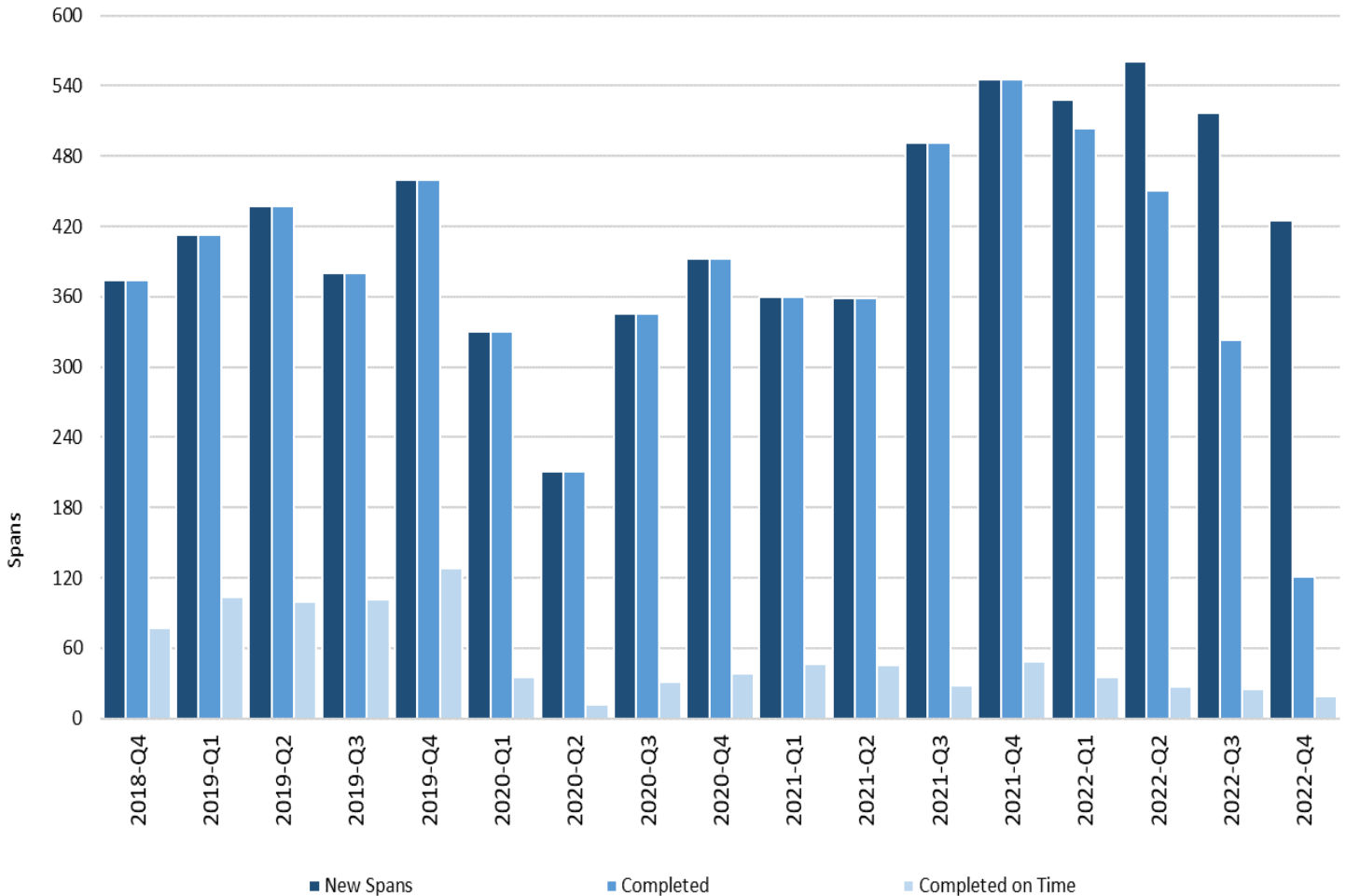
(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(4) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

(6) Measures for WSH Restorations include court orders for clients that admit to Restoration Treatment Facilities (RTF).

Figure 1b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 1b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 1b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Order completions in Table 1b encompasses admissions like in Table 1a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status.

During Q4 2022, the number of inpatient restoration orders decreased significantly by 17.8 percent. The number of inpatient competency restoration order admissions completed during Q4 was 121 orders; of the orders completed during Q4, the average days waiting for order completion statewide, between order for restoration and completion, was 27.3 days in Q4; and 15.7 percent of completed orders were completed on-time. As time continues to elapse and distance from Q4 increases, a greater number of court orders originally signed in Q4 will be completed; thus, improving the number of orders completed and the percent completed. As additional orders continue to complete with elapsing time, other variables will perform negatively: average days

waiting, number completed on time, and percent completed on time. As the Q4 2022 data continues to mature over the next several quarters, the performance variables are likely to resemble the preceding quarters much more closely.

Drivers: Initially the Delta variant, and then especially the Omicron variant of COVID-19 highly impacted BHA facilities from Q4 2021 through Q2 2022 resulting in a substantial decrease in admissions and treatment capacity. Finally, at the end of Q2, and into Q3 2022, BHA inpatient facilities began experiencing reduced levels of impacts from COVID-19, returning to the more normal levels of COVID-19 related impacts experienced by BHA's health care facilities over the last 2.5 years. During periods of pandemic-related admissions slowdowns and ward holds, civil cases often have ended up in forensic beds with limited or no ability to move the cases to civil wards or to community placements. This is a significant contributing factor to the substantial decrease in forensic admissions offers to inpatient restoration clients.

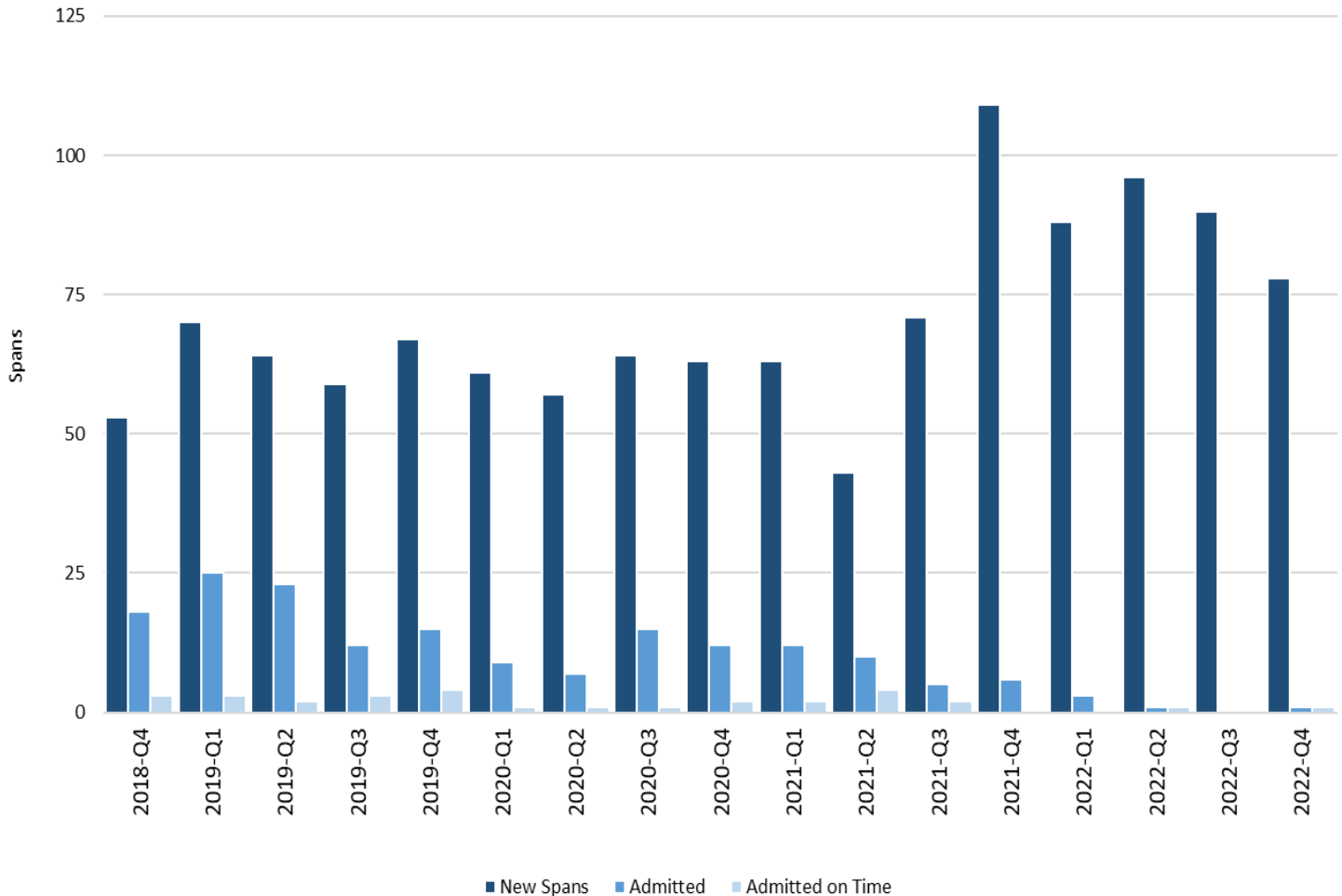
**Table 2a - INPATIENT COMPETENCY RESTORATION ORDERS and ADMISSIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)**

	Percent Admitted on Time (6) Admitted on Time (6)						Percent Admitted on Time (6) Admitted on Time (6)						Percent Admitted on Time (6) Admitted on Time (6)							
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)							
	Percent Admitted (4)						Percent Admitted (4)						Percent Admitted (4)							
	Admitted (4)						Admitted (4)						Admitted (4)							
	New Spans (3)						New Spans (3)						New Spans (3)							
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL (7)					
Quarter	New Spans (3)	Admitted (4)	Percent Admitted (4)	Average Days Waiting (5)	Admitted on Time (6)	Percent Admitted on Time (6)	New Spans (3)	Admitted (4)	Percent Admitted (4)	Average Days Waiting (5)	Admitted on Time (6)	Percent Admitted on Time (6)	New Spans (3)	Admitted (4)	Percent Admitted (4)	Average Days Waiting (5)	Admitted on Time (6)	Percent Admitted on Time (6)		
2018-Q4	53	18	34.0%	189.7	3	16.7%	6	0	0.0%	n/a	0	n/a	47	18	38.3%	189.7	3	16.7%		
2019-Q1	70	25	35.7%	143.2	3	12.0%	6	3	50.0%	65.3	1	33.3%	64	22	34.4%	153.8	2	9.1%		
2019-Q2	64	23	35.9%	203.9	2	8.7%	7	4	57.1%	46.8	1	25.0%	57	19	33.3%	236.9	1	5.3%		
2019-Q3	59	12	20.3%	115.4	3	25.0%	4	0	0.0%	n/a	0	n/a	55	12	21.8%	115.4	3	25.0%		
2019-Q4	67	15	22.4%	181.2	4	26.7%	6	2	33.3%	42.5	1	50.0%	61	13	21.3%	202.5	3	23.1%		
2020-Q1	61	9	14.8%	329.3	1	11.1%	5	1	20.0%	237.0	0	0.0%	56	8	14.3%	340.9	1	12.5%		
2020-Q2	57	7	12.3%	177.9	1	14.3%	7	0	0.0%	n/a	0	n/a	50	7	14.0%	177.9	1	14.3%		
2020-Q3	64	15	23.4%	245.5	1	6.7%	12	2	16.7%	331.5	0	0.0%	52	13	25.0%	232.3	1	7.7%		
2020-Q4	63	12	19.0%	206.6	2	16.7%	6	1	16.7%	42.0	0	0.0%	57	11	19.3%	221.5	2	18.2%		
2021-Q1	63	12	19.0%	262.3	2	16.7%	8	0	0.0%	n/a	0	n/a	55	12	21.8%	262.3	2	16.7%		
2021-Q2	43	10	23.3%	129.4	4	40.0%	5	1	20.0%	70.0	0	0.0%	38	9	23.7%	136.0	4	44.4%		
2021-Q3	71	5	7.0%	188.8	2	40.0%	13	2	15.4%	2.5	2	100.0%	58	3	5.2%	313.0	0	0.0%		
2021-Q4	109	6	5.5%	230.3	0	0.0%	14	0	0.0%	n/a	0	n/a	95	6	6.3%	230.3	0	0.0%		
2022-Q1	88	3	3.4%	52.3	0	0.0%	12	0	0.0%	n/a	0	n/a	76	3	3.9%	52.3	0	0.0%		
2022-Q2	96	1	1.0%	0.0	1	100.0%	14	0	0.0%	n/a	0	n/a	82	1	1.2%	0.0	1	100.0%		
2022-Q3	90	0	0.0%	n/a	0	n/a	16	0	0.0%	n/a	0	n/a	74	0	0.0%	n/a	0	n/a		
2022-Q4	78	1	1.3%	20.0	1	100.0%	16	0	0.0%	n/a	0	n/a	62	1	1.6%	20.0	1	100.0%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=1213), or while in prison (n=3).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.
- (5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.
- (7) Measures for WSH Restorations include court orders for clients that admit to Restoration Treatment Facilities (RTF).

Figure 2a - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
 ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 2a displays the number of new court orders and orders admitted for inpatient competency restoration services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 2a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: During Q4 2022, the number of inpatient competency restoration orders for individuals waiting in the community was 78, and the number admitted while waiting in the community was one. As time elapses, additional individuals waiting for restoration services in the community/on personal recognizance will be admitted for competency services, and the Q4 data will begin to resemble preceding quarters more closely.

Drivers: During periods of high system demand and constrained throughput, like what is currently being experienced in the state’s inpatient facilities, Trueblood Class Members receive priority relative to cases waiting in the community on personal recognizance. Additionally, civil conversion cases, especially felony conversion cases, have increasingly occupied forensic beds as the pandemic and systemic staffing shortages have disrupted the ability to move civilly committed

clients through the system; thus, inhibiting forensic admissions. As the department moves further away from the most acute pandemic-related impacts on its inpatient facilities, stemming from the severe impacts brought by the Delta and then Omicron variants, a return to the more standard level of pandemic impacts experienced over the last 2.5 years will be welcome and allow a greater level of success in delivering competency services.

Clients who are waiting in the community for restoration services, could in some cases be candidates to have their situation reviewed to complete their court-ordered restoration in outpatient competency restoration. Eleven counties now have outpatient restoration as an option, and 10 counties have full implementation with limited to no waiting times for enrollment as of fall 2022.

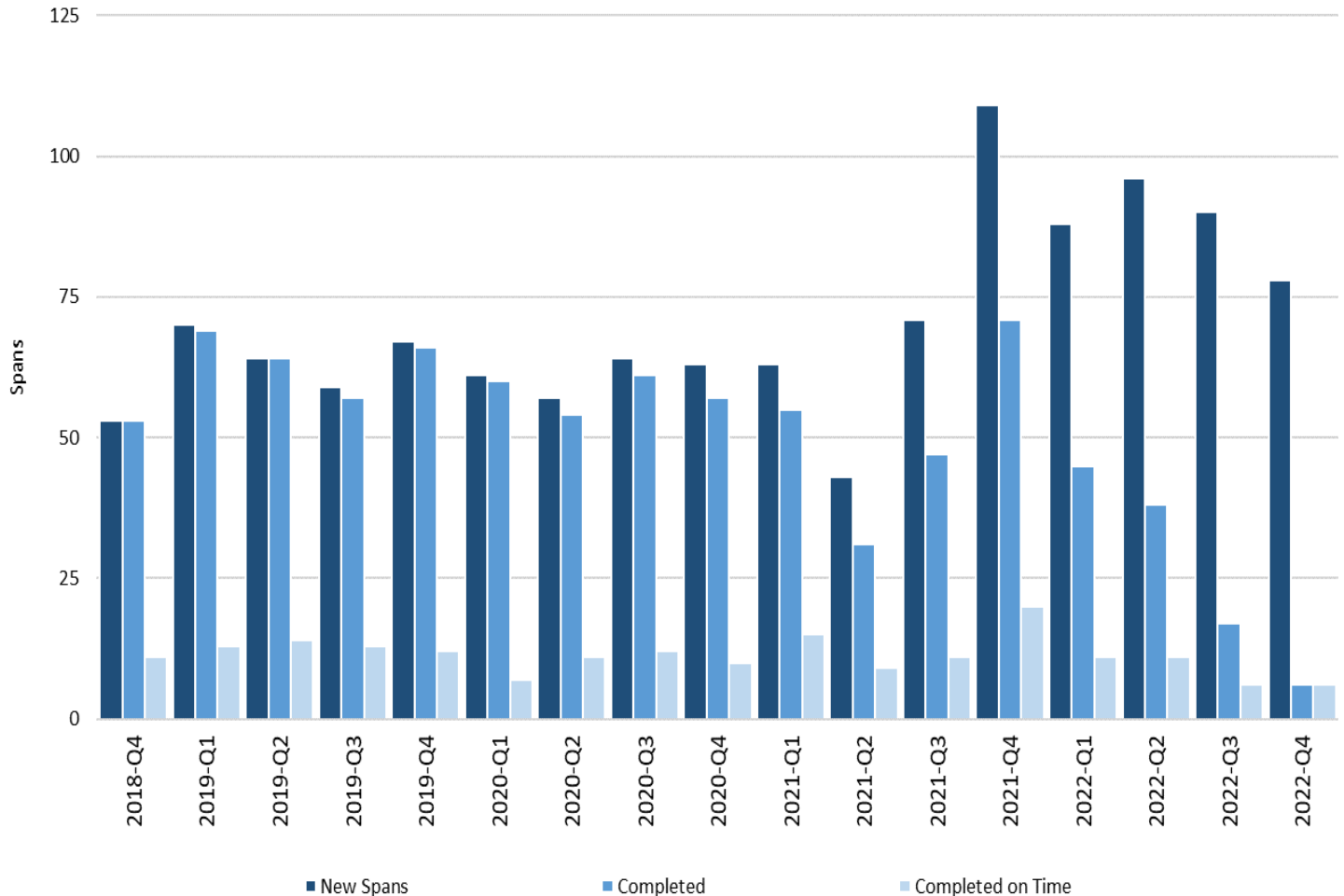
**Table 2b - INPATIENT COMPETENCY RESTORATION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)**

	Percent Completed on Time (6)						Percent Completed on Time (6)						Percent Completed on Time (6)					
	Completed on Time (6)						Completed on Time (6)						Completed on Time (6)					
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)					
	Percent Completed (4)						Percent Completed (4)						Percent Completed (4)					
	Completed (4)						Completed (4)						Completed (4)					
	New Spans (3)						New Spans (3)						New Spans (3)					
STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL (7)					
2018-Q4	53	53	100.0%	189.8	11	20.8%	6	6	100.0%	196.0	0	0.0%	47	47	100.0%	189.0	11	23.4%
2019-Q1	70	69	98.6%	211.5	13	18.8%	6	6	100.0%	173.5	2	33.3%	64	63	98.4%	215.1	11	17.5%
2019-Q2	64	64	100.0%	205.2	14	21.9%	7	7	100.0%	64.0	2	28.6%	57	57	100.0%	222.5	12	21.1%
2019-Q3	59	57	96.6%	215.9	13	22.8%	4	4	100.0%	331.8	1	25.0%	55	53	96.4%	207.1	12	22.6%
2019-Q4	67	66	98.5%	258.8	12	18.2%	6	6	100.0%	281.5	1	16.7%	61	60	98.4%	256.5	11	18.3%
2020-Q1	61	60	98.4%	346.6	7	11.7%	5	5	100.0%	449.4	0	0.0%	56	55	98.2%	337.3	7	12.7%
2020-Q2	57	54	94.7%	240.3	11	20.4%	7	5	71.4%	87.8	1	20.0%	50	49	98.0%	255.8	10	20.4%
2020-Q3	64	61	95.3%	203.2	12	19.7%	12	11	91.7%	206.8	4	36.4%	52	50	96.2%	202.4	8	16.0%
2020-Q4	63	57	90.5%	203.9	10	17.5%	6	6	100.0%	87.5	1	16.7%	57	51	89.5%	217.6	9	17.6%
2021-Q1	63	55	87.3%	172.7	15	27.3%	8	7	87.5%	32.4	4	57.1%	55	48	87.3%	193.2	11	22.9%
2021-Q2	43	31	72.1%	108.0	9	29.0%	5	5	100.0%	72.2	1	20.0%	38	26	68.4%	114.8	8	30.8%
2021-Q3	71	47	66.2%	152.9	11	23.4%	13	9	69.2%	79.6	4	44.4%	58	38	65.5%	170.3	7	18.4%
2021-Q4	109	71	65.1%	106.6	20	28.2%	14	6	42.9%	104.0	0	0.0%	95	65	68.4%	106.9	20	30.8%
2022-Q1	88	45	51.1%	120.4	11	24.4%	12	4	33.3%	93.3	2	50.0%	76	41	53.9%	123.0	9	22.0%
2022-Q2	96	38	39.6%	70.5	11	28.9%	14	10	71.4%	62.5	1	10.0%	82	28	34.1%	73.3	10	35.7%
2022-Q3	90	17	18.9%	53.8	6	35.3%	16	3	18.8%	67.7	0	0.0%	74	14	18.9%	50.9	6	42.9%
2022-Q4	78	6	7.7%	7.5	6	100.0%	16	2	12.5%	12.5	2	100.0%	62	4	6.5%	5.0	4	100.0%

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed ($n=1213$), or while in prison ($n=3$).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 2a above in that it includes all completions, not just those were the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new in-community stays (i.e., periods of waiting for services while in the community) starting in the quarter due to an individual entering leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.
- (7) Measures for WSH Restorations include court orders for clients that admit to Restoration Treatment Facilities (RTF).

**Figure 2b - INPATIENT COMPETENCY RESTORATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 2b displays the number of new court orders and completed court orders for inpatient competency restoration services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 2b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Order completions in Table 2b encompasses admissions like in Table 2a; however, it also more broadly includes other outcomes that complete a court order. Examples include, order withdrawn by the court or change in client status. In Q4, there were 78 new inpatient restoration orders statewide for clients waiting for services in the community, and six of those orders completed during Q4. For statewide orders that completed during Q4, the average days to completion was 7.5 days, and the percent of completed orders that were completed on time was 100 percent. As time continues to elapse, additional in the community/personal recognizance orders will continue completing, and the data in Table 2b and Figure 2b will begin to resemble preceding quarters more closely.

Drivers: As the department moves further away from the most acute pandemic-related impacts on its inpatient facilities, stemming from the severe impacts brought by the Delta and then Omicron variants, a return to the more standard level of pandemic impacts experienced over the last 2.5 years will be welcome and allow a greater level of success in delivering competency services.

During periods of high system demand and constrained throughput, like what is currently being experienced in the state's inpatient facilities, Trueblood Class Members may receive priority relative to cases waiting in the community on personal recognizance. Additionally, civil conversion cases, especially felony conversion cases, have increasingly occupied forensic beds as the pandemic and systemic staffing shortages have disrupted the ability to move civilly committed clients through the system; thus, inhibiting forensic admissions as well. New civil beds are expected to come online throughout 2023, which should mitigate the impact of civil conversion cases on the forensic system (see the "*Actions Taken – Near Term Projects to Expand Bed Capacity*" section for additional details on upcoming projects that add new beds to the inpatient treatment systems).

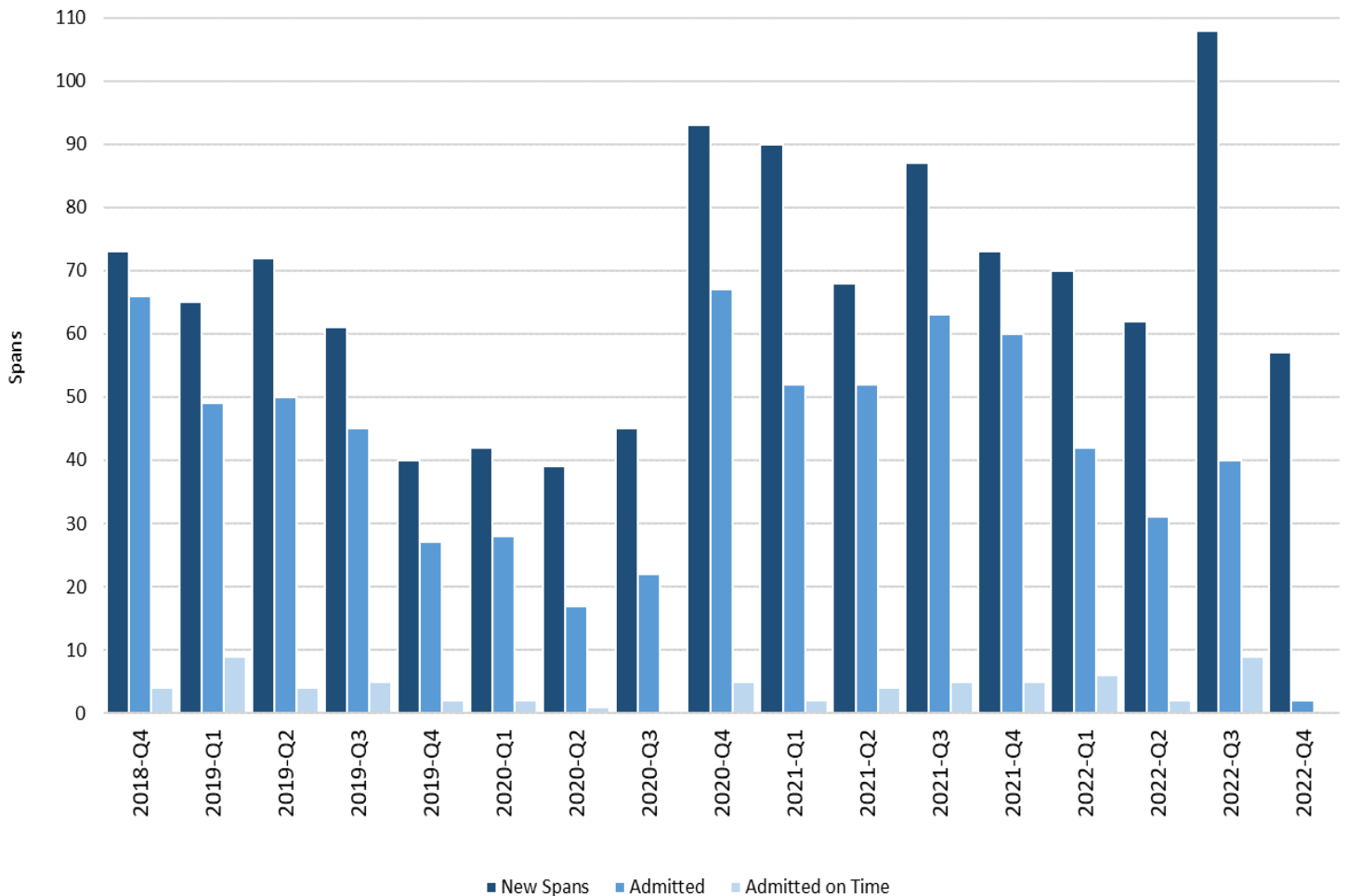
**Table 3a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1)
for individuals WAITING IN JAIL for services, by quarter (2)**

Percent Admitted on Time (6) Admitted on Time (6)							Percent Admitted on Time (6) Admitted on Time (6)							Percent Admitted on Time (6) Admitted on Time (6)						
Average Days Waiting (5)							Average Days Waiting (5)							Average Days Waiting (5)						
Percent Admitted (4)							Percent Admitted (4)							Percent Admitted (4)						
Admitted (4)							Admitted (4)							Admitted (4)						
New Spans (3)							New Spans (3)							New Spans (3)						
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	73	66	90.4%	30.8	4	6.1%	36	31	86.1%	20.0	4	12.9%	37	35	94.6%	40.3	0	0.0%		
2019-Q1	65	49	75.4%	29.1	9	18.4%	27	20	74.1%	29.3	3	15.0%	38	29	76.3%	29.0	6	20.7%		
2019-Q2	72	50	69.4%	42.2	4	8.0%	35	22	62.9%	45.8	1	4.5%	37	28	75.7%	39.3	3	10.7%		
2019-Q3	61	45	73.8%	41.7	5	11.1%	31	18	58.1%	33.5	3	16.7%	30	27	90.0%	47.1	2	7.4%		
2019-Q4	40	27	67.5%	26.0	2	7.4%	29	16	55.2%	29.1	1	6.3%	11	11	100.0%	21.5	1	9.1%		
2020-Q1	42	28	66.7%	69.3	2	7.1%	22	10	45.5%	68.1	1	10.0%	20	18	90.0%	69.9	1	5.6%		
2020-Q2	39	17	43.6%	76.5	1	5.9%	21	8	38.1%	103.1	0	0.0%	18	9	50.0%	52.9	1	11.1%		
2020-Q3	45	22	48.9%	58.8	0	0.0%	26	9	34.6%	64.2	0	0.0%	19	13	68.4%	55.1	0	0.0%		
2020-Q4	93	67	72.0%	56.5	5	7.5%	46	32	69.6%	51.1	4	12.5%	47	35	74.5%	61.5	1	2.9%		
2021-Q1	90	52	57.8%	39.7	2	3.8%	54	30	55.6%	35.3	2	6.7%	36	22	61.1%	45.6	0	0.0%		
2021-Q2	68	52	76.5%	23.9	4	7.7%	26	20	76.9%	19.4	2	10.0%	42	32	76.2%	26.8	2	6.3%		
2021-Q3	87	63	72.4%	42.2	5	7.9%	32	22	68.8%	46.2	0	0.0%	55	41	74.5%	40.0	5	12.2%		
2021-Q4	73	60	82.2%	52.3	5	8.3%	30	23	76.7%	66.6	2	8.7%	43	37	86.0%	43.3	3	8.1%		
2022-Q1	70	42	60.0%	65.9	6	14.3%	32	21	65.6%	65.2	2	9.5%	38	21	55.3%	66.7	4	19.0%		
2022-Q2	62	31	50.0%	71.6	2	6.5%	35	17	48.6%	96.9	1	5.9%	27	14	51.9%	40.9	1	7.1%		
2022-Q3	108	40	37.0%	37.6	9	22.5%	55	25	45.5%	49.6	4	16.0%	53	15	28.3%	17.5	5	33.3%		
2022-Q4	57	2	3.5%	54.0	0	0.0%	25	1	4.0%	20.0	0	0.0%	32	1	3.1%	88.0	0	0.0%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.
- (5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

Figure 3a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT WAS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 3a shows the number of new court orders for inpatient competency evaluation services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 3a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: New inpatient evaluation orders for clients waiting in jail decreased 47.2 percent statewide from 108 to 57 in Q4 2022. Orders were closely split between ESH and WSH. Two orders were admitted under this legal authority statewide in Q4.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small numbers of orders using this legal authority. The percent admitted and percent admitted on time variables are subject to dramatic swings in both positive and negative directions as a result. Due to long inpatient evaluation service wait times, orders will continue to admit to the state hospitals in future quarters.

Drivers: Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month

requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: 1. Court officials determine an inpatient setting is appropriate for a given client or situation; or 2. A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Due to the overall limitations in bed availability, competing bed uses such as competency restorations and civil commitments, and pandemic-related restrictions in admissions, clients with inpatient competency evaluation orders can sometimes face lengthy waits for admission to state hospital beds.

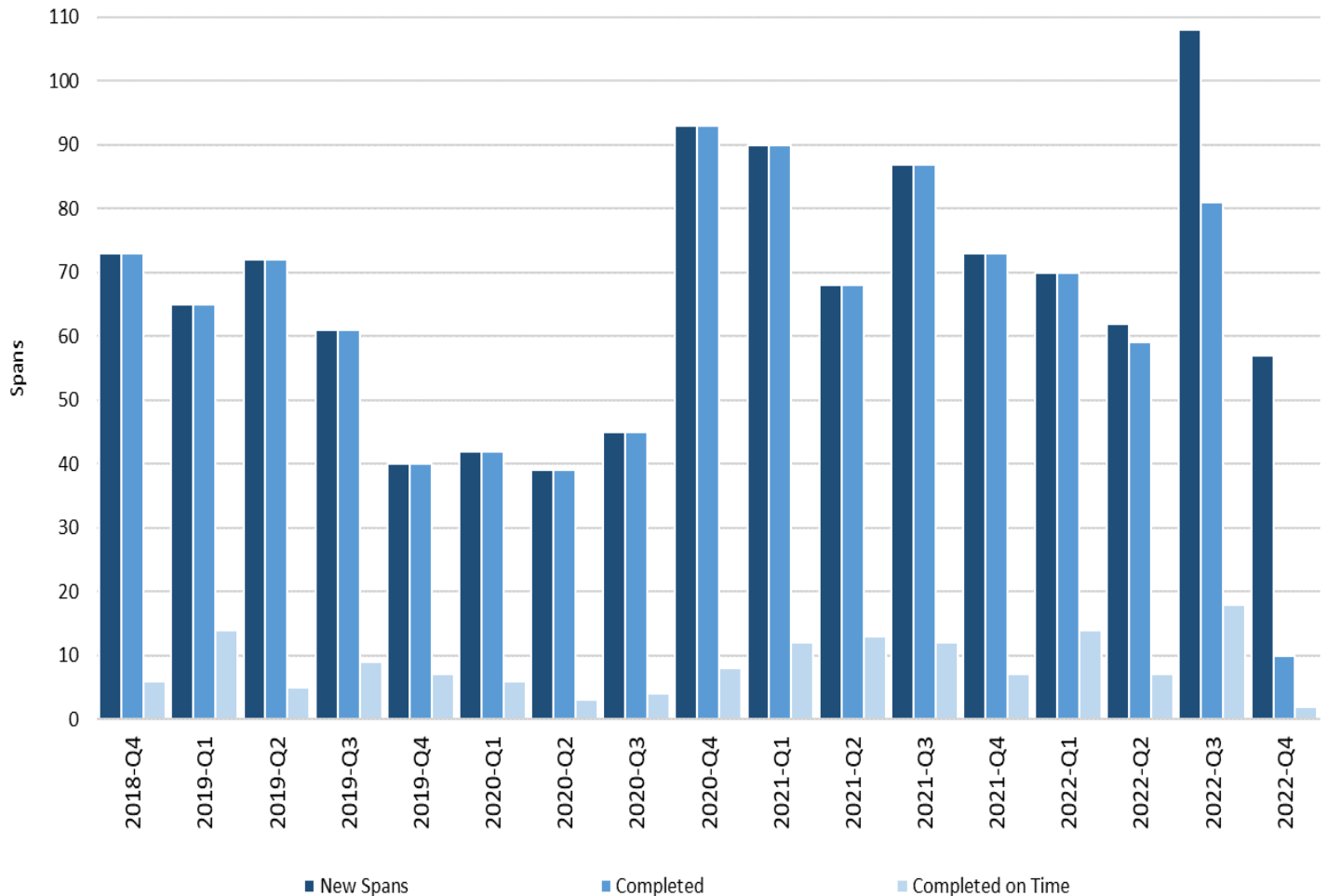
**Table 3b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN JAIL for services, by quarter (2)**

	Percent Completed on Time (6)						Percent Completed on Time (6)						Percent Completed on Time (6)							
	Completed on Time (6)						Completed on Time (6)						Completed on Time (6)							
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)							
	Percent Completed (4)						Percent Completed (4)						Percent Completed (4)							
	Completed (4)						Completed (4)						Completed (4)							
	New Spans (3)						New Spans (3)						New Spans (3)							
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
Quarter	New Spans (3)	Completed (4)	Percent Completed (4)	Average Days Waiting (5)	Completed on Time (6)	Percent Completed on Time (6)	New Spans (3)	Completed (4)	Percent Completed (4)	Average Days Waiting (5)	Completed on Time (6)	Percent Completed on Time (6)	New Spans (3)	Completed (4)	Percent Completed (4)	Average Days Waiting (5)	Completed on Time (6)	Percent Completed on Time (6)		
2018-Q4	73	73	100.0%	29.5	6	8.2%	36	36	100.0%	18.8	6	16.7%	37	37	100.0%	40.1	0	0.0%		
2019-Q1	65	65	100.0%	26.1	14	21.5%	27	27	100.0%	26.5	6	22.2%	38	38	100.0%	25.8	8	21.1%		
2019-Q2	72	72	100.0%	42.5	5	6.9%	35	35	100.0%	40.3	2	5.7%	37	37	100.0%	44.5	3	8.1%		
2019-Q3	61	61	100.0%	34.7	9	14.8%	31	31	100.0%	25.8	6	19.4%	30	30	100.0%	43.9	3	10.0%		
2019-Q4	40	40	100.0%	23.1	7	17.5%	29	29	100.0%	23.6	6	20.7%	11	11	100.0%	21.5	1	9.1%		
2020-Q1	42	42	100.0%	58.5	6	14.3%	22	22	100.0%	48.5	5	22.7%	20	20	100.0%	69.5	1	5.0%		
2020-Q2	39	39	100.0%	65.7	3	7.7%	21	21	100.0%	71.1	2	9.5%	18	18	100.0%	59.4	1	5.6%		
2020-Q3	45	45	100.0%	51.8	4	8.9%	26	26	100.0%	51.7	4	15.4%	19	19	100.0%	51.9	0	0.0%		
2020-Q4	93	93	100.0%	50.2	8	8.6%	46	46	100.0%	46.4	6	13.0%	47	47	100.0%	53.9	2	4.3%		
2021-Q1	90	90	100.0%	31.1	12	13.3%	54	54	100.0%	27.6	11	20.4%	36	36	100.0%	36.5	1	2.8%		
2021-Q2	68	68	100.0%	23.5	13	19.1%	26	26	100.0%	15.8	8	30.8%	42	42	100.0%	28.2	5	11.9%		
2021-Q3	87	87	100.0%	38.4	12	13.8%	32	32	100.0%	42.1	2	6.3%	55	55	100.0%	36.2	10	18.2%		
2021-Q4	73	73	100.0%	49.7	7	9.6%	30	30	100.0%	59.6	4	13.3%	43	43	100.0%	42.8	3	7.0%		
2022-Q1	70	70	100.0%	53.5	14	20.0%	32	32	100.0%	57.7	6	18.8%	38	38	100.0%	49.9	8	21.1%		
2022-Q2	62	59	95.2%	58.0	7	11.9%	35	35	100.0%	63.0	5	14.3%	27	24	88.9%	50.7	2	8.3%		
2022-Q3	108	81	75.0%	35.7	18	22.2%	55	48	87.3%	42.3	8	16.7%	53	33	62.3%	26.1	10	30.3%		
2022-Q4	57	10	17.5%	44.8	2	20.0%	25	2	8.0%	12.0	1	50.0%	32	8	25.0%	53.0	1	12.5%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 3a above in that it includes all completions, not just those where the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

Figure 3b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 3b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 3b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: New inpatient evaluation orders for clients waiting in jail increased 47.2 percent statewide from 108 to 57 in Q4 2022. Orders were closely split between ESH and WSH. Of the 10 orders completed (17.5%) under this legal authority statewide in Q4, two were completed on-time (20%). Order completions include admissions to a state hospital for inpatient competency evaluation plus orders that complete for other reasons such as being withdrawn by the court or the client’s status being changed.

It is important to acknowledge the high variability in these data from quarter-to-quarter due to the small numbers of orders using this legal authority. The percent completed and percent completed on time variables are subject to dramatic swings in both positive and negative directions as a result. Additional orders will continue completing over the next several quarters.

Drivers: Most forensic evaluations are completed on either an outpatient basis in jail or while the client is in the community on personal recognizance. A smaller group of orders each month requires a competency evaluation in an inpatient setting. Usually, this decision is driven by one of two reasons: (1) Court officials determine an inpatient setting is appropriate for a given client or situation; or (2) A state-employed evaluator attempts an outpatient evaluation and is unable to successfully complete the evaluation for a reason the evaluator believes can be alleviated through an inpatient evaluation. In such cases, the evaluator either refers the individual to inpatient or recommends that the court order an inpatient evaluation; then, the court makes the final decision whether to issue an order for an inpatient evaluation.

Due to the overall limitations in bed availability, competing bed uses such as competency restorations and civil commitments, and pandemic-related restrictions in admissions, clients with inpatient competency evaluation orders can sometimes face lengthy waits for admission to state hospital beds.

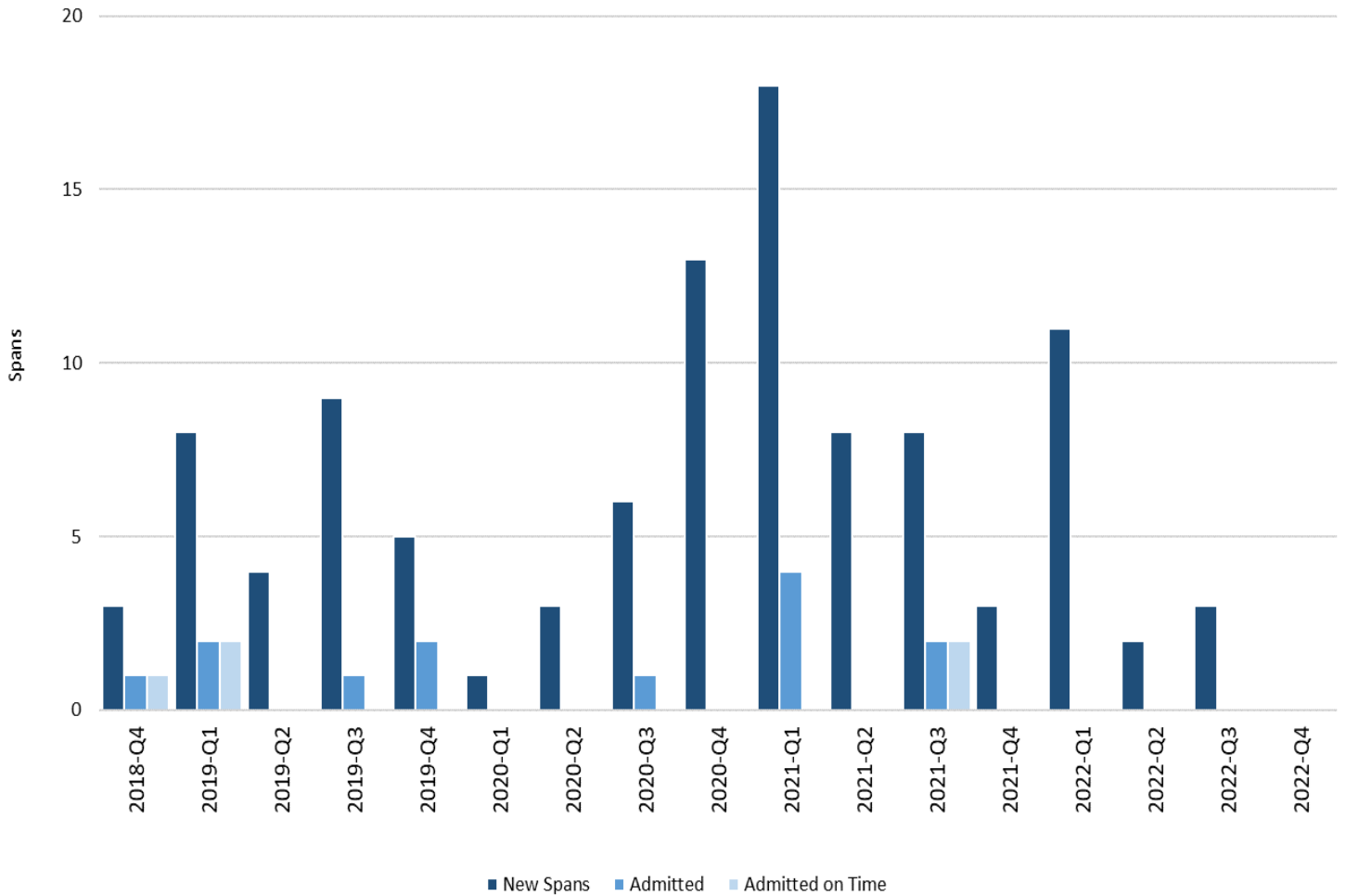
**Table 4a - INPATIENT COMPETENCY EVALUATION ORDERS and ADMISSIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)**

	Percent Admitted on Time (7) Admitted on Time (7)						Percent Admitted on Time (7) Admitted on Time (7)						Percent Admitted on Time (7) Admitted on Time (7)								
	Average Days Waiting (6)						Average Days Waiting (6)						Average Days Waiting (6)								
	Percent Admitted (5)						Percent Admitted (5)						Percent Admitted (5)								
	Admitted (5)						Admitted (5)						Admitted (5)								
	New Spans (4)						New Spans (4)						New Spans (4)								
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
	Quarter	New Spans (4)	Admitted (5)	Percent Admitted (5)	Average Days Waiting (6)	Admitted (5)	Percent Admitted (5)	Quarter	New Spans (4)	Admitted (5)	Percent Admitted (5)	Average Days Waiting (6)	Admitted (5)	Percent Admitted (5)	Quarter	New Spans (4)	Admitted (5)	Percent Admitted (5)	Average Days Waiting (6)	Admitted (5)	Percent Admitted (5)
2018-Q4	3	1	33.3%	0.0	1	100.0%	1	0	0.0%	n/a	0	n/a	2	1	50.0%	0.0	1	100.0%			
2019-Q1	8	2	25.0%	1.5	2	100.0%	4	1	25.0%	3.0	1	100.0%	4	1	25.0%	0.0	1	100.0%			
2019-Q2	4	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a			
2019-Q3	9	1	11.1%	120.0	0	0.0%	5	0	0.0%	n/a	0	n/a	4	1	25.0%	120.0	0	0.0%			
2019-Q4	5	2	40.0%	63.5	0	0.0%	4	1	25.0%	61.0	0	0.0%	1	1	100.0%	66.0	0	0.0%			
2020-Q1	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a			
2020-Q2	3	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a			
2020-Q3	6	1	16.7%	216.0	0	0.0%	4	0	0.0%	n/a	0	n/a	2	1	50.0%	216.0	0	0.0%			
2020-Q4	13	0	0.0%	n/a	0	n/a	11	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a			
2021-Q1	18	4	22.2%	352.0	0	0.0%	8	0	0.0%	n/a	0	n/a	10	4	40.0%	352.0	0	0.0%			
2021-Q2	8	0	0.0%	n/a	0	n/a	4	0	0.0%	n/a	0	n/a	4	0	0.0%	n/a	0	n/a			
2021-Q3	8	2	25.0%	9.5	2	100.0%	3	1	33.3%	19.0	1	100.0%	5	1	20.0%	0.0	1	100.0%			
2021-Q4	3	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a			
2022-Q1	11	0	0.0%	n/a	0	n/a	3	0	0.0%	n/a	0	n/a	8	0	0.0%	n/a	0	n/a			
2022-Q2	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a			
2022-Q3	3	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a			
2022-Q4	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a			

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=46), or while in prison (n=3).
- (3) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (5) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.
- (6) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (7) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

**Figure 4a - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 4a displays the number of new court orders and orders admitted for inpatient competency evaluation services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 4a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: For the Q4 2022 reporting period, there were zero new inpatient evaluation orders statewide for clients awaiting evaluation services in the community.

Drivers: Generally, if a client’s competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department’s evaluation services caseload.

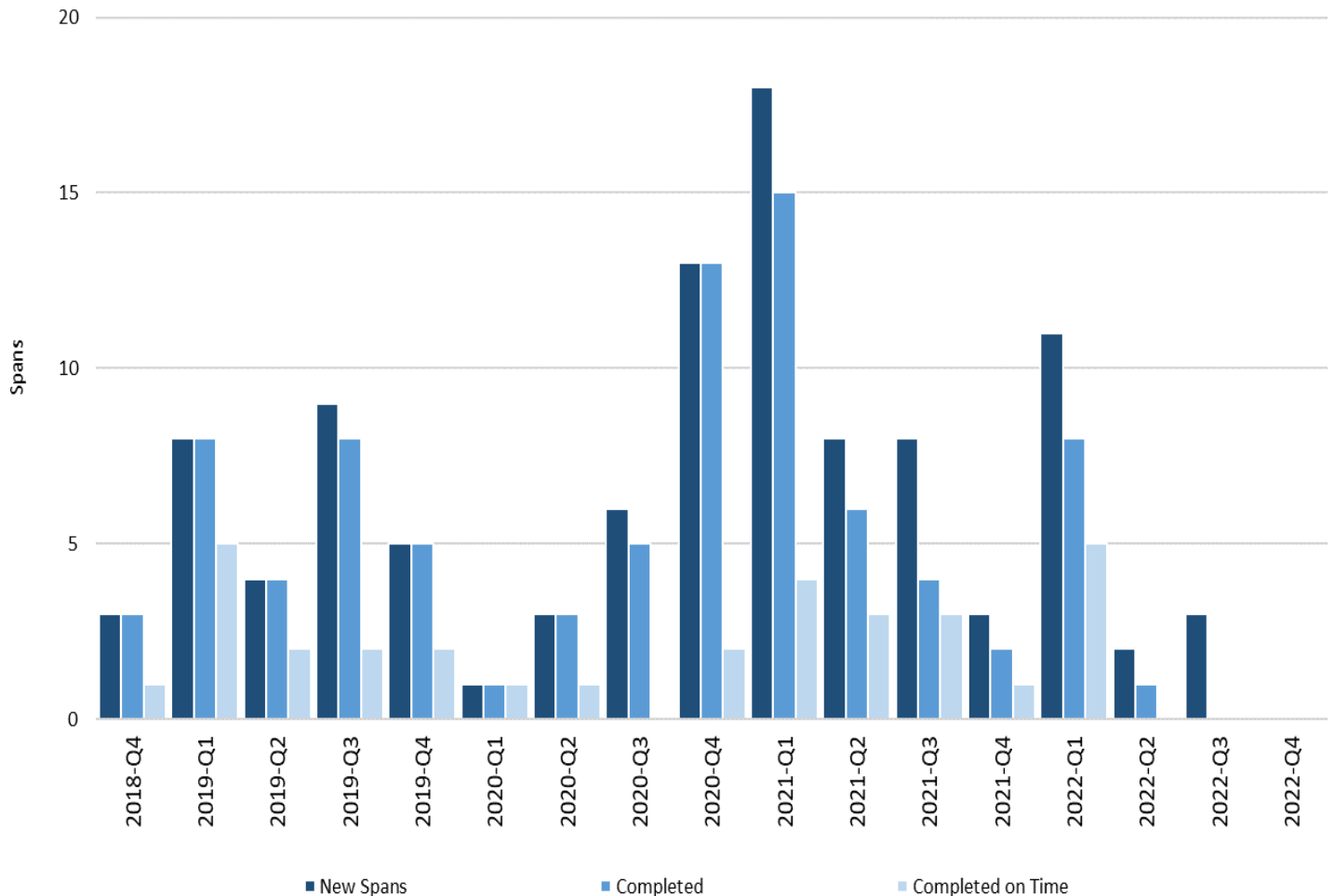
**Table 4b - INPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)**

	Percent Completed on Time (7)						Percent Completed on Time (7)						Percent Completed on Time (7)					
	Completed on Time (7)						Completed on Time (7)						Completed on Time (7)					
	Average Days Waiting (6)						Average Days Waiting (6)						Average Days Waiting (6)					
	Percent Completed (5)						Percent Completed (5)						Percent Completed (5)					
	Completed (5)						Completed (5)						Completed (5)					
	New Spans (4)						New Spans (4)						New Spans (4)					
STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	3	3	100.0%	55.7	1	33.3%	1	1	100.0%	130.0	0	0.0%	2	2	100.0%	18.5	1	50.0%
2019-Q1	8	8	100.0%	142.6	5	62.5%	4	4	100.0%	34.0	3	75.0%	4	4	100.0%	251.3	2	50.0%
2019-Q2	4	4	100.0%	37.8	2	50.0%	2	2	100.0%	65.0	0	0.0%	2	2	100.0%	10.5	2	100.0%
2019-Q3	9	8	88.9%	221.3	2	25.0%	5	4	80.0%	39.5	1	25.0%	4	4	100.0%	403.0	1	25.0%
2019-Q4	5	5	100.0%	105.4	2	40.0%	4	4	100.0%	115.3	2	50.0%	1	1	100.0%	66.0	0	0.0%
2020-Q1	1	1	100.0%	2.0	1	100.0%	1	1	100.0%	2.0	1	100.0%	0	0	n/a	n/a	0	n/a
2020-Q2	3	3	100.0%	307.3	1	33.3%	2	2	100.0%	336.0	1	50.0%	1	1	100.0%	250.0	0	0.0%
2020-Q3	6	5	83.3%	117.2	0	0.0%	4	3	75.0%	100.3	0	0.0%	2	2	100.0%	142.5	0	0.0%
2020-Q4	13	13	100.0%	143.9	2	15.4%	11	11	100.0%	137.5	1	9.1%	2	2	100.0%	179.0	1	50.0%
2021-Q1	18	15	83.3%	130.3	4	26.7%	8	5	62.5%	45.4	1	20.0%	10	10	100.0%	172.8	3	30.0%
2021-Q2	8	6	75.0%	61.5	3	50.0%	4	4	100.0%	20.8	3	75.0%	4	2	50.0%	143.0	0	0.0%
2021-Q3	8	4	50.0%	12.5	3	75.0%	3	2	66.7%	10.0	2	100.0%	5	2	40.0%	15.0	1	50.0%
2021-Q4	3	2	66.7%	22.0	1	50.0%	1	1	100.0%	44.0	0	0.0%	2	1	50.0%	0.0	1	100.0%
2022-Q1	11	8	72.7%	60.6	5	62.5%	3	3	100.0%	161.7	0	0.0%	8	5	62.5%	0.0	5	100.0%
2022-Q2	2	1	50.0%	149.0	0	0.0%	1	0	0.0%	n/a	0	n/a	1	1	100.0%	149.0	0	0.0%
2022-Q3	3	0	0.0%	n/a	0	n/a	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a
2022-Q4	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a	0	0	n/a	n/a	0	n/a

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=46), or while in prison (n=3).
- (3) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 4a above in that it includes all completions, not just those where the client was admitted to a facility.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (5) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (6) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).
- (7) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

**Figure 4b - INPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY**



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 4b shows the number of new court orders for inpatient competency evaluation services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 4b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: For the Q4 2022 reporting period, there were zero new inpatient evaluation orders statewide for clients awaiting evaluation services in the community.

Drivers: Generally, if a client’s competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department’s evaluation services caseload.

**Table 5a - INPATIENT CIVIL CONVERSION ORDERS and ADMISSIONS
for individuals WAITING IN JAIL for services, by quarter (1)**

STATEWIDE							EASTERN STATE HOSPITAL						WESTERN STATE HOSPITAL					
2018-Q4	52	46	88.5%	6.8	45	97.8%	20	15	75.0%	2.7	15	100.0%	32	31	96.9%	8.8	30	96.8%
2019-Q1	62	56	90.3%	5.0	55	98.2%	12	9	75.0%	5.2	9	100.0%	50	47	94.0%	5.0	46	97.9%
2019-Q2	103	94	91.3%	5.0	93	98.9%	19	16	84.2%	5.6	16	100.0%	84	78	92.9%	4.9	77	98.7%
2019-Q3	101	93	92.1%	5.3	93	100.0%	27	20	74.1%	5.6	20	100.0%	74	73	98.6%	5.3	73	100.0%
2019-Q4	68	62	91.2%	6.5	62	100.0%	7	4	57.1%	7.0	4	100.0%	61	58	95.1%	6.5	58	100.0%
2020-Q1	75	70	93.3%	7.1	70	100.0%	13	9	69.2%	6.2	9	100.0%	62	61	98.4%	7.2	61	100.0%
2020-Q2	55	51	92.7%	8.0	49	96.1%	10	7	70.0%	7.7	5	71.4%	45	44	97.8%	8.0	44	100.0%
2020-Q3	87	75	86.2%	10.1	73	97.3%	19	15	78.9%	10.0	14	93.3%	68	60	88.2%	10.2	59	98.3%
2020-Q4	88	83	94.3%	11.4	81	97.6%	14	10	71.4%	12.1	8	80.0%	74	73	98.6%	11.3	73	100.0%
2021-Q1	70	56	80.0%	9.8	52	92.9%	20	7	35.0%	9.9	4	57.1%	50	49	98.0%	9.7	48	98.0%
2021-Q2	48	47	97.9%	9.3	47	100.0%	9	9	100.0%	7.8	9	100.0%	39	38	97.4%	9.7	38	100.0%
2021-Q3	69	64	92.8%	9.9	64	100.0%	11	8	72.7%	10.4	8	100.0%	58	56	96.6%	9.8	56	100.0%
2021-Q4	64	61	95.3%	9.9	59	96.7%	19	18	94.7%	11.0	16	88.9%	45	43	95.6%	9.4	43	100.0%
2022-Q1	105	94	89.5%	10.7	87	92.6%	23	23	100.0%	12.9	16	69.6%	82	71	86.6%	10.0	71	100.0%
2022-Q2	85	71	83.5%	12.3	68	95.8%	29	19	65.5%	12.4	17	89.5%	56	52	92.9%	12.2	51	98.1%
2022-Q3	126	117	92.9%	11.9	97	82.9%	47	45	95.7%	13.9	25	55.6%	79	72	91.1%	10.7	72	100.0%
2022-Q4	125	93	74.4%	12.1	84	90.3%	21	19	90.5%	13.8	14	73.7%	104	74	71.2%	11.7	70	94.6%

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

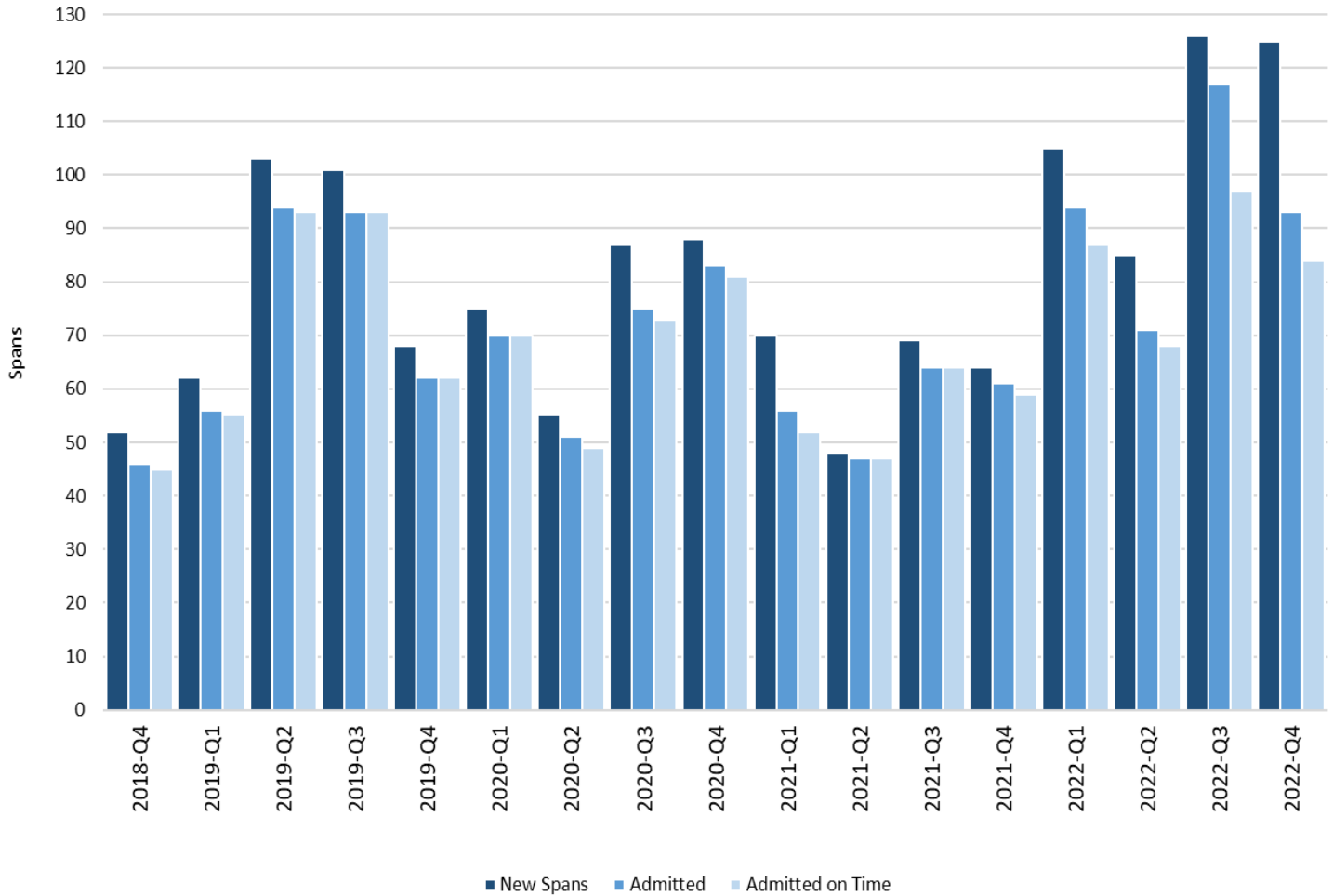
(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(4) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

Figure 5a - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
 ADMISSIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 5a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 5a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: Civil conversion orders statewide remained flat in Q4 2022 at 125, a single order decrease from Q3 2022. Of the orders 93 admitted, the average days waiting was 12.1 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 90.3 percent admitted on time in 21 days or less.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony

charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

Prior to the pandemic, average days waiting on civil conversion orders had been slowly increasing for years, but both hospitals remained within the target range. The COVID-19 pandemic, which began in February 2020, continues to exert influence in this area of performance as well. One recent bright spot, however, is the elimination of the long-term forensic risk assessment backlog for civil patients at WSH.

Complete elimination of the civil FRA backlog, and the opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Recent growth in the numbers of civil conversion cases and subsequent lack of bed availability for conversion cases as well as forensic cases has significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions. Improved performance on this target will be substantially aided by staff eliminating the remaining backlog of forensic risk assessments at ESH.

**Table 5b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN JAIL for services, by quarter (1)**

		Percent Completed on Time (5) Completed on Time (5)					Percent Completed on Time (5) Completed on Time (5)					Percent Completed on Time (5) Completed on Time (5)								
		Average Days Waiting (4)					Average Days Waiting (4)					Average Days Waiting (4)								
		Percent Completed (3) Completed (3)					Percent Completed (3) Completed (3)					Percent Completed (3) Completed (3)								
		New Spans (2)					New Spans (2)					New Spans (2)								
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018- Q4	52	52	100.0%	6.1	51	98.1%	20	20	100.0%	2.1	20	100.0%	32	32	100.0%	8.6	31	96.9%		
2019- Q1	62	62	100.0%	5.3	60	96.8%	12	12	100.0%	4.2	12	100.0%	50	50	100.0%	5.6	48	96.0%		
2019- Q2	103	103	100.0%	4.9	102	99.0%	19	19	100.0%	5.4	19	100.0%	84	84	100.0%	4.8	83	98.8%		
2019- Q3	101	101	100.0%	5.1	101	100.0%	27	27	100.0%	4.7	27	100.0%	74	74	100.0%	5.2	74	100.0%		
2019- Q4	68	68	100.0%	6.5	68	100.0%	7	7	100.0%	6.9	7	100.0%	61	61	100.0%	6.4	61	100.0%		
2020- Q1	75	75	100.0%	7.3	74	98.7%	13	13	100.0%	7.9	12	92.3%	62	62	100.0%	7.2	62	100.0%		
2020- Q2	55	55	100.0%	8.2	52	94.5%	10	10	100.0%	9.6	7	70.0%	45	45	100.0%	7.9	45	100.0%		
2020- Q3	87	87	100.0%	11.1	81	93.1%	19	19	100.0%	13.6	17	89.5%	68	68	100.0%	10.4	64	94.1%		
2020- Q4	88	88	100.0%	11.2	85	96.6%	14	14	100.0%	11.5	11	78.6%	74	74	100.0%	11.2	74	100.0%		
2021- Q1	70	70	100.0%	9.6	65	92.9%	20	20	100.0%	9.7	16	80.0%	50	50	100.0%	9.6	49	98.0%		
2021- Q2	48	48	100.0%	9.3	48	100.0%	9	9	100.0%	7.8	9	100.0%	39	39	100.0%	9.6	39	100.0%		
2021- Q3	69	69	100.0%	9.6	69	100.0%	11	11	100.0%	9.3	11	100.0%	58	58	100.0%	9.7	58	100.0%		
2021- Q4	64	64	100.0%	9.6	62	96.9%	19	19	100.0%	10.8	17	89.5%	45	45	100.0%	9.1	45	100.0%		
2022- Q1	105	105	100.0%	10.5	95	90.5%	23	23	100.0%	12.9	16	69.6%	82	82	100.0%	9.8	79	96.3%		
2022- Q2	85	85	100.0%	12.0	79	92.9%	29	29	100.0%	11.3	25	86.2%	56	56	100.0%	12.3	54	96.4%		
2022- Q3	126	126	100.0%	11.4	105	83.3%	47	47	100.0%	13.8	26	55.3%	79	79	100.0%	10.0	79	100.0%		
2022- Q4	125	117	93.6%	11.1	105	89.7%	21	21	100.0%	12.8	16	76.2%	104	96	92.3%	10.8	89	92.7%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

(1) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 5a above in that it includes all completions, not just those where the client was admitted to a facility.

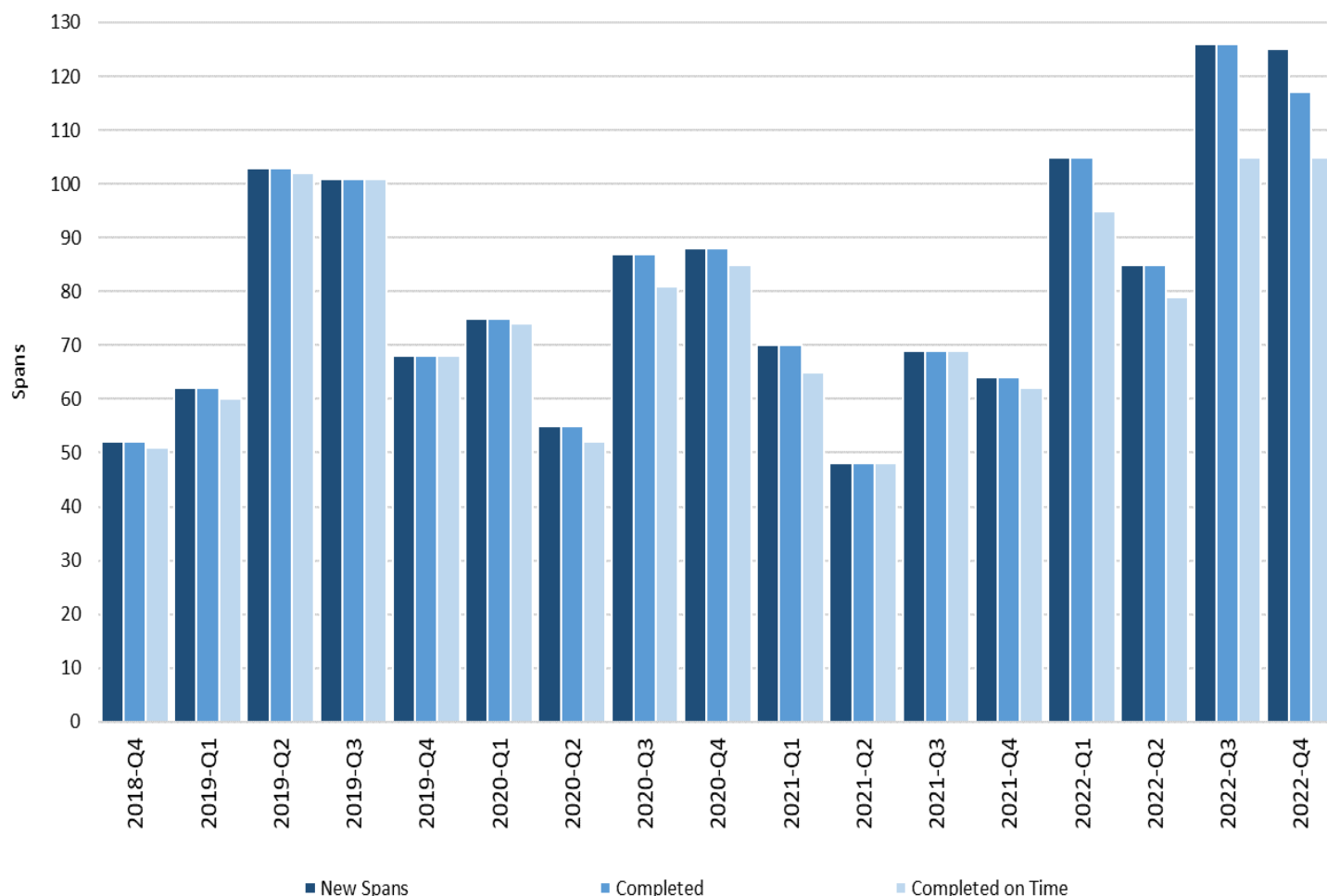
(2) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.

(3) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.

(4) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).

(5) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

Figure 5b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
 COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 5b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 5b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: Civil conversion orders statewide remained flat in Q4 2022 at 125, a single order decrease from Q3 2022. Of the 125 orders in Q4, 117 were completed including through admission to a civil bed or another means such as order withdrawn by the court or client status change. The average days waiting was 11.1 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) with 89.7 percent of orders completed on time.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony

charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts.

Prior to the pandemic, average days waiting on civil conversion orders had been slowly increasing for years, but both hospitals remained within the target range. The COVID-19 pandemic, which began in February 2020, continues to exert influence in this area of performance as well. One recent bright spot, however, is the elimination of the long-term forensic risk assessment backlog for civil patients at WSH.

Complete elimination of the civil FRA backlog, and the opening of forensic civil conversion beds would allow for greater numbers of civil patients to discharge to community placements as those placements become available, and in turn this would allow for greater throughput of both civil and forensic patients at the state hospitals. Recent growth in the numbers of civil conversion cases and subsequent lack of bed availability for conversion cases as well as forensic cases has significantly contributed to the overall deteriorated performance in the 14-to-21-day admissions target for civil conversions. Improved performance on this target will be substantially aided by staff eliminating the remaining backlog of forensic risk assessments at ESH.

**Table 6a - INPATIENT CIVIL CONVERSION ORDERS and ADMISSIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)**

STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL										
Percent Admitted on Time (6)	Admitted on Time (6)		Average Days Waiting (5)		Percent Admitted (4)	Admitted (4)	New Spans (3)	Percent Admitted on Time (6)	Admitted on Time (6)		Average Days Waiting (5)		Percent Admitted (4)	Admitted (4)	New Spans (3)	Percent Admitted on Time (6)	Admitted on Time (6)		Average Days Waiting (5)		Percent Admitted (4)	Admitted (4)	New Spans (3)	
2018-Q4	39	33	84.6%	4.9	32	97.0%	7	2	28.6%	1.0	2	100.0%	32	31	96.9%	5.2	30	96.8%						
2019-Q1	4	1	25.0%	248.0	0	0.0%	1	0	0.0%	n/a	0	n/a	3	1	33.3%	248.0	0	0.0%						
2019-Q2	15	5	33.3%	189.4	2	40.0%	9	2	22.2%	0.0	2	100.0%	6	3	50.0%	315.7	0	0.0%						
2019-Q3	11	5	45.5%	1.0	5	100.0%	6	4	66.7%	0.3	4	100.0%	5	1	20.0%	4.0	1	100.0%						
2019-Q4	29	17	58.6%	173.5	12	70.6%	15	8	53.3%	1.4	8	100.0%	14	9	64.3%	326.6	4	44.4%						
2020-Q1	5	3	60.0%	2.7	3	100.0%	0	0	n/a	n/a	0	n/a	5	3	60.0%	2.7	3	100.0%						
2020-Q2	2	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a	1	0	0.0%	n/a	0	n/a						
2020-Q3	7	4	57.1%	41.5	2	50.0%	2	2	100.0%	75.0	0	0.0%	5	2	40.0%	8.0	2	100.0%						
2020-Q4	9	1	11.1%	4.0	1	100.0%	5	0	0.0%	n/a	0	n/a	4	1	25.0%	4.0	1	100.0%						
2021-Q1	15	2	13.3%	100.5	1	50.0%	9	0	0.0%	n/a	0	n/a	6	2	33.3%	100.5	1	50.0%						
2021-Q2	5	0	0.0%	n/a	0	n/a	0	0	n/a	n/a	0	n/a	5	0	0.0%	n/a	0	n/a						
2021-Q3	11	0	0.0%	n/a	0	n/a	4	0	0.0%	n/a	0	n/a	7	0	0.0%	n/a	0	n/a						
2021-Q4	6	0	0.0%	n/a	0	n/a	3	0	0.0%	n/a	0	n/a	3	0	0.0%	n/a	0	n/a						
2022-Q1	4	1	25.0%	13.0	1	100.0%	1	0	0.0%	n/a	0	n/a	3	1	33.3%	13.0	1	100.0%						
2022-Q2	7	1	14.3%	157.0	0	0.0%	2	0	0.0%	n/a	0	n/a	5	1	20.0%	157.0	0	0.0%						
2022-Q3	8	1	12.5%	13.0	1	100.0%	1	0	0.0%	n/a	0	n/a	7	1	14.3%	13.0	1	100.0%						
2022-Q4	24	1	4.2%	13.0	1	100.0%	0	0	n/a	n/a	0	n/a	24	1	4.2%	13.0	1	100.0%						

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=577).

(2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.

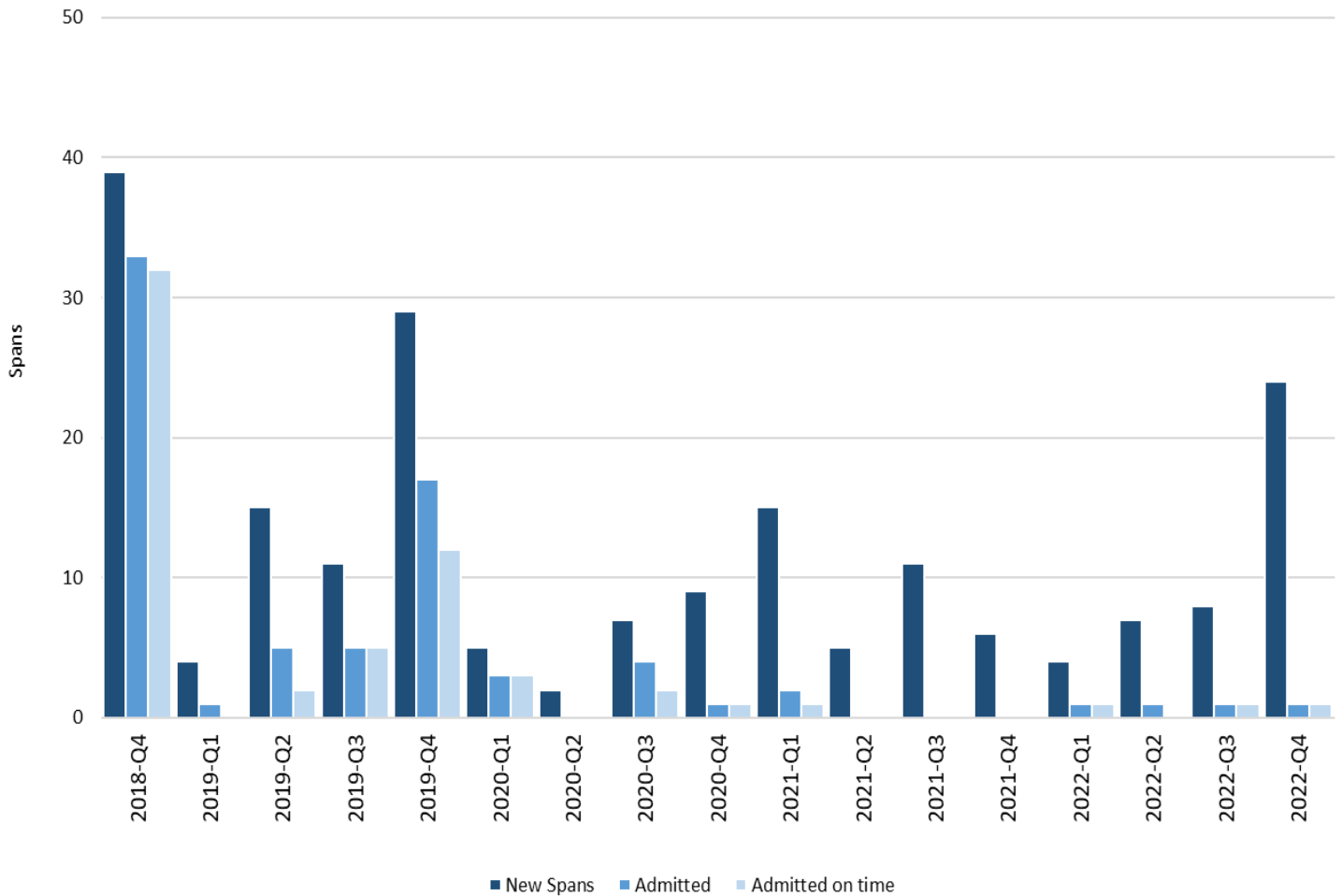
(3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.

(4) Number and percent of the new court order spans, where the order spans were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all admissions for the new court order spans, regardless of when the admission occurs.

(5) The average number of the days from beginning to end of the span, for the subset of new court order spans that were completed by admission to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).

(6) The number and percent of court order spans admitted to a state-run facility (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

Figure 6a - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
 ADMISSIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 6a displays the number of new court orders and orders admitted for inpatient civil conversion services by quarter for individuals waiting in the community on personal recognizance. It also includes additional order characteristics such as the number and percentage admitted, the average days waiting, the number of orders admitted on time, and the percentage admitted on time. Figure 6a visually shows the number of orders by quarter, the number admitted, and the number admitted on time differentiated by colored bars.

Outcomes: In the Q4 2022 reporting period, inpatient civil conversion orders for individuals on personal recognizance increased by 200-percent from eight to 24. Of the 24 new orders in Q4, one order was admitted with average days waiting of 13.0 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) and an on-time admission rate of 100 percent. As time elapses, orders for the current quarter will continue to admit in future quarters.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for

evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. Additional civil beds coming online in 2023 should provide some flexibility to make more options for civil treatment available, while beginning to reduce wait times for both civil and forensic patients.

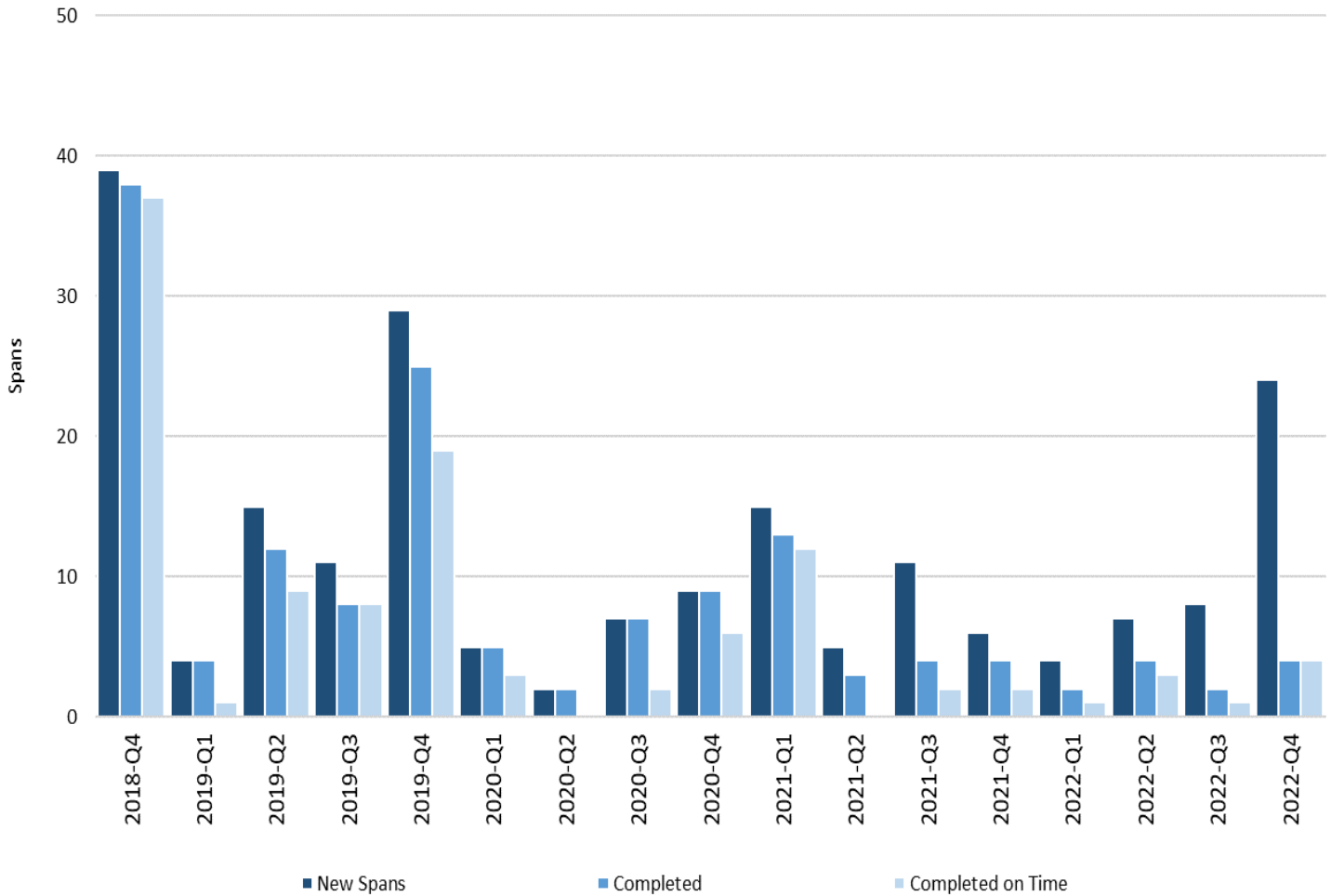
**Table 6b - INPATIENT CIVIL CONVERSION ORDERS and ALL ORDER SPAN COMPLETIONS
for individuals WAITING IN THE COMMUNITY (1) for services, by quarter (2)**

		Percent Completed on Time (6) Completed on Time (6)					Percent Completed on Time (6) Completed on Time (6)					Percent Completed on Time (6) Completed on Time (6)								
		Average Days Waiting (5)					Average Days Waiting (5)					Average Days Waiting (5)								
		Percent Completed (4)					Percent Completed (4)					Percent Completed (4)								
		Completed (4)					Completed (4)					Completed (4)								
		New Spans (3)					New Spans (3)					New Spans (3)								
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	39	38	97.4%	4.4	37	97.4%	7	7	100.0%	1.1	7	100.0%	32	31	96.9%	5.2	30	96.8%		
2019-Q1	4	4	100.0%	117.3	1	25.0%	1	1	100.0%	0.0	1	100.0%	3	3	100.0%	156.3	0	0.0%		
2019-Q2	15	12	80.0%	79.5	9	75.0%	9	9	100.0%	0.8	9	100.0%	6	3	50.0%	315.7	0	0.0%		
2019-Q3	11	8	72.7%	0.8	8	100.0%	6	6	100.0%	0.2	6	100.0%	5	2	40.0%	2.5	2	100.0%		
2019-Q4	29	25	86.2%	136.8	19	76.0%	15	15	100.0%	31.7	14	93.3%	14	10	71.4%	294.5	5	50.0%		
2020-Q1	5	5	100.0%	262.2	3	60.0%	0	0	n/a	n/a	0	n/a	5	5	100.0%	262.2	3	60.0%		
2020-Q2	2	2	100.0%	264.5	0	0.0%	1	1	100.0%	25.0	0	0.0%	1	1	100.0%	504.0	0	0.0%		
2020-Q3	7	7	100.0%	214.1	2	28.6%	2	2	100.0%	75.0	0	0.0%	5	5	100.0%	269.8	2	40.0%		
2020-Q4	9	9	100.0%	123.7	6	66.7%	5	5	100.0%	6.8	5	100.0%	4	4	100.0%	269.8	1	25.0%		
2021-Q1	15	13	86.7%	23.0	12	92.3%	9	9	100.0%	10.9	9	100.0%	6	4	66.7%	50.3	3	75.0%		
2021-Q2	5	3	60.0%	264.0	0	0.0%	0	0	n/a	n/a	0	n/a	5	3	60.0%	264.0	0	0.0%		
2021-Q3	11	4	36.4%	129.5	2	50.0%	4	3	75.0%	172.7	1	33.3%	7	1	14.3%	0.0	1	100.0%		
2021-Q4	6	4	66.7%	9.8	2	50.0%	3	3	100.0%	12.3	1	33.3%	3	1	33.3%	2.0	1	100.0%		
2022-Q1	4	2	50.0%	14.0	1	50.0%	1	1	100.0%	15.0	0	0.0%	3	1	33.3%	13.0	1	100.0%		
2022-Q2	7	4	57.1%	46.0	3	75.0%	2	2	100.0%	13.0	2	100.0%	5	2	40.0%	79.0	1	50.0%		
2022-Q3	8	2	25.0%	56.0	1	50.0%	1	0	0.0%	n/a	0	n/a	7	2	28.6%	56.0	1	50.0%		
2022-Q4	24	4	16.7%	3.3	4	100.0%	0	0	n/a	n/a	0	n/a	24	4	16.7%	3.3	4	100.0%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=577).
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 6a above in that it includes all completions, not just those were the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services while in the community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (4) Number and percent of the new court order spans, where the order spans were completed (including completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (5) The average number of the days from beginning to end of the span, for the subset of these completed court order spans (includes completions by admission to a state-run facility, order withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans admitted to a state-run facility or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

Figure 6b - INPATIENT CIVIL CONVERSIONS ORDERED BY QUARTER
 COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 6b shows the number of new court orders for inpatient competency restoration services by quarter for individuals waiting in the community. It also includes additional order characteristics such as the number and percentage completed, the average days waiting, the number of orders completed on time, and the percentage completed on time. Figure 6b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: In the Q4 2022 reporting period, inpatient civil conversion orders for individuals on personal recognizance increased 200-percent from eight to 24. Of the 24 new orders in Q4, four were completed with average days waiting of 3.3 days (target = 14 days from order receipt or 21 days from order signature whichever is shorter) and an on-time completion rate of 100 percent. As time continues to elapse, orders for the current quarter will continue completing during future quarters.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their

criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. Additional civil beds coming online in 2023 should provide some flexibility to make more options for civil treatment available, while beginning to reduce wait times for both civil and forensic patients.

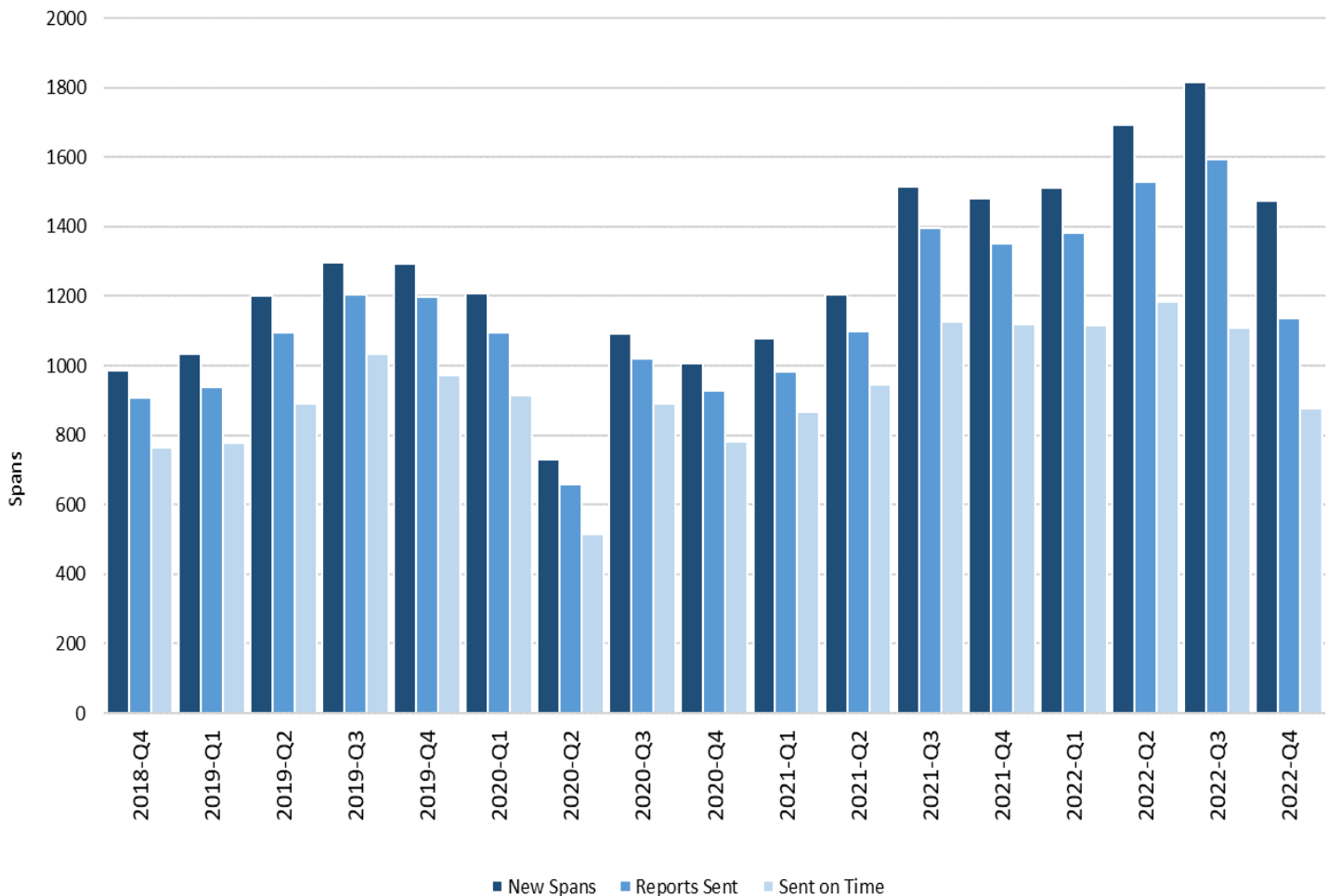
**Table 7a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)
for individuals WAITING IN JAIL for services, by quarter (2)**

		Percent Reports Sent on Time (6)						Percent Reports Sent on Time (6)						Percent Reports Sent on Time (6)									
		Reports Sent on Time (6)						Reports Sent on Time (6)						Reports Sent on Time (6)									
		Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)									
		Percent Reports Sent (4)						Percent Reports Sent (4)						Percent Reports Sent (4)									
		Reports Sent (4)						Reports Sent (4)						Reports Sent (4)									
		New Spans (3)						New Spans (3)						New Spans (3)									
STATEWIDE								EASTERN STATE HOSPITAL								WESTERN STATE HOSPITAL							
2018- Q4	986	909	92.2%	12.2	766	84.3%	205	174	84.9%	14.1	123	70.7%	781	735	94.1%	11.7	643	87.5%					
2019- Q1	1033	940	91.0%	12.8	780	83.0%	201	173	86.1%	14.7	123	71.1%	832	767	92.2%	12.4	657	85.7%					
2019- Q2	1203	1097	91.2%	13.1	891	81.2%	248	221	89.1%	14.3	166	75.1%	955	876	91.7%	12.8	725	82.8%					
2019- Q3	1298	1206	92.9%	12.3	1034	85.7%	248	228	91.9%	12.6	183	80.3%	1050	978	93.1%	12.2	851	87.0%					
2019- Q4	1293	1198	92.7%	13.0	973	81.2%	239	214	89.5%	14.2	150	70.1%	1054	984	93.4%	12.7	823	83.6%					
2020- Q1	1207	1097	90.9%	13.2	915	83.4%	209	191	91.4%	14.4	151	79.1%	998	906	90.8%	13.0	764	84.3%					
2020- Q2	732	660	90.2%	13.2	517	78.3%	107	98	91.6%	12.9	87	88.8%	625	562	89.9%	13.3	430	76.5%					
2020- Q3	1093	1021	93.4%	12.2	892	87.4%	199	175	87.9%	12.8	144	82.3%	894	846	94.6%	12.1	748	88.4%					
2020- Q4	1008	930	92.3%	13.0	782	84.1%	192	164	85.4%	13.3	135	82.3%	816	766	93.9%	13.0	647	84.5%					
2021- Q1	1080	982	90.9%	12.4	868	88.4%	244	220	90.2%	13.4	179	81.4%	836	762	91.1%	12.1	689	90.4%					
2021- Q2	1205	1099	91.2%	12.7	945	86.0%	250	228	91.2%	12.8	180	78.9%	955	871	91.2%	12.6	765	87.8%					
2021- Q3	1515	1396	92.1%	14.3	1126	80.7%	317	284	89.6%	15.7	191	67.3%	1198	1112	92.8%	13.9	935	84.1%					
2021- Q4	1481	1351	91.2%	14.2	1121	83.0%	306	273	89.2%	17.0	184	67.4%	1175	1078	91.7%	13.5	937	86.9%					
2022- Q1	1511	1382	91.5%	14.2	1118	80.9%	340	295	86.8%	18.8	124	42.0%	1171	1087	92.8%	13.0	994	91.4%					
2022- Q2	1693	1528	90.3%	15.2	1183	77.4%	401	345	86.0%	20.9	124	35.9%	1292	1183	91.6%	13.5	1059	89.5%					
2022- Q3	1815	1593	87.8%	16.1	1109	69.6%	412	324	78.6%	23.1	67	20.7%	1403	1269	90.4%	14.3	1042	82.1%					
2022- Q4	1474	1136	77.1%	14.3	879	77.4%	296	216	73.0%	16.4	124	57.4%	1178	920	78.1%	13.8	755	82.1%					

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of the new court order spans, where the order spans were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all completions by report sent to court for the new court order spans, regardless of when the report is sent to the court.
- (5) The average number of the days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

Figure 7a - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
REPORTS SENT WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 7a displays the number of new outpatient evaluation orders and reports sent to court by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 7a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

Outcomes: During the Q4 2022 reporting period, 1,474 new outpatient evaluation orders were entered for clients waiting in-jail. This is a significant 18.8 percent decrease below the record high Q3 order number. Q3 2022 remains the current record high quarter for outpatient jail-based competency evaluation orders with 1,815. Q3 2022 also remains the quarterly record for reports sent to the court with 1,593. For Q4 2022, average days waiting (the time from the beginning of the order until the order was sent to the court) for completed orders, improved to 14.3 days (target = 14 days). Statewide on-time completion for the completed orders was 77.4 percent, a moderate performance improvement of 11.2 percent compared to Q3. WSH completed 82.1 percent of orders on time, and ESH improved dramatically (+177%), completing 57.4 percent of orders on time in Q4 compared to 20.7 in Q3.

Drivers: Due to the COVID-19 pandemic, the demand for jail-based evaluations collapsed in Q2 2020. Demand for jail-based evaluations had not been at this level since 2015. This historic collapse in demand [-39.4% in Q2 2020 to 732 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 returned to Q1 2020 levels, and in Q3 2021, orders soared 25.7 percent above Q2 levels easily besting the record demand level set in Q3 2019 and reaching more than 1,500 orders for the first time in a single quarter. Q4 2021 case numbers, on later revision, declined a slight 2.2 percent. Each quarter in 2022 except Q4, was near or exceeded record levels of orders including Q2, the first quarter to exceed 1,600 orders, and Q3, the first quarter to exceed both 1,700 and 1,800 orders.

Q4 traditionally slows slightly due to seasonal variations; however, this year's nearly 20-percent drop was larger than normal. While speculative, due to the exceptionally high level of the previous record established in Q3, and the relentlessness of quarter after quarter of new records, perhaps in part due to the pent-up demand resultant from pandemic-related court system closures, a cooling off in order demand, beyond just a typical seasonal drop, may have been inevitable. It is a challenging environment for evaluators and support staff to continuously be processing and evaluating record levels of orders each quarter and then sending record levels of reports on to the courts. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels.

Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. In terms of completing timely outpatient competency evaluations, persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office [ERO] has significantly impacted the completion of on-time evaluations for clients waiting in-jail. The addition of contractors in the second half of 2022 has been a contributing factor to ERO's substantial and ongoing improvement in their jail-based competency evaluations.

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations has also impacted timely evaluations at Eastern. Improvements have been made in those processes as OFMHS has recently gained administrative oversight, and additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system has been submitted for legislative consideration.

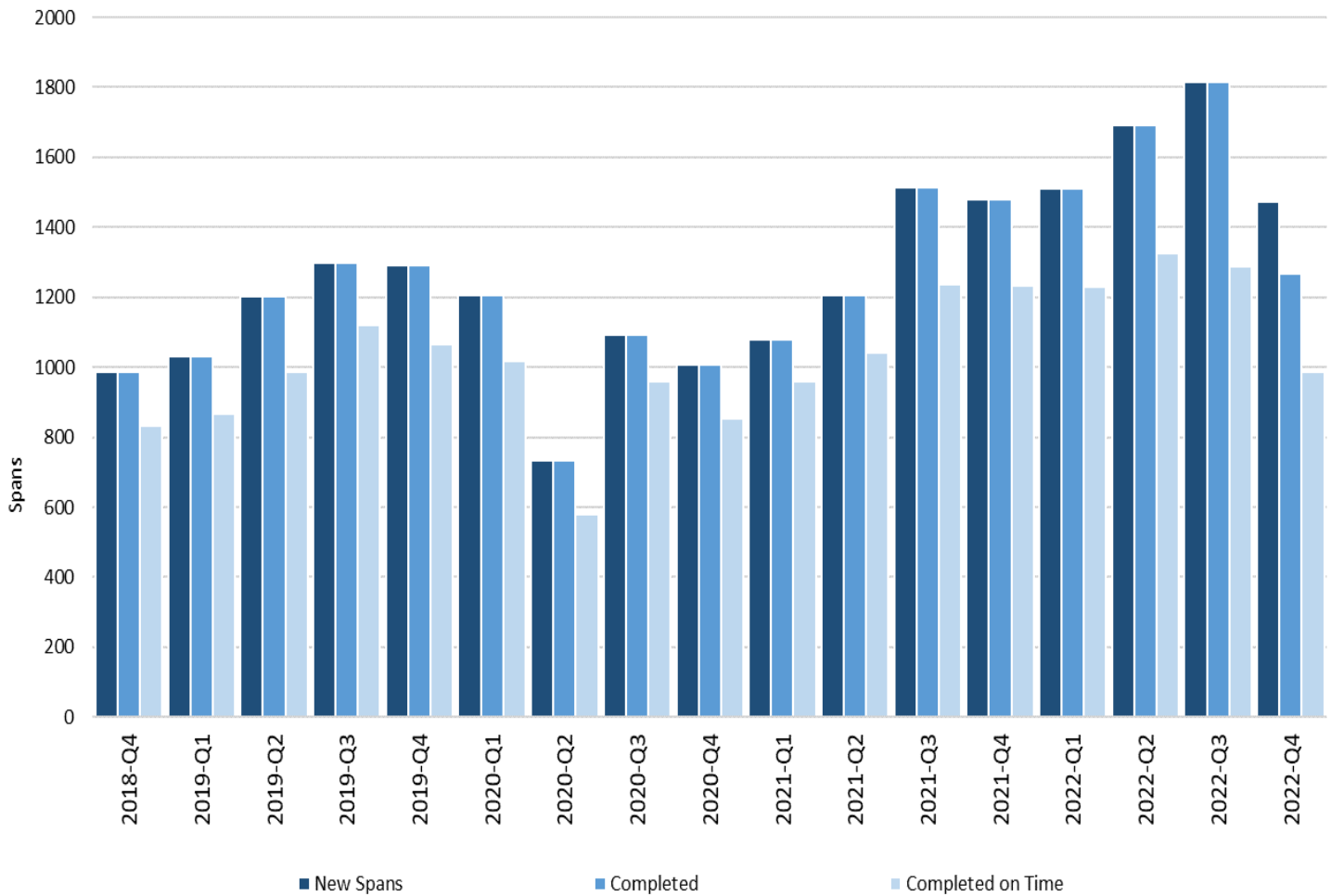
**Table 7b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN JAIL for services, by quarter (2)**

	Percent Completed on Time (6)						Percent Completed on Time (6)						Percent Completed on Time (6)							
	Completed on Time (6)						Completed on Time (6)						Completed on Time (6)							
	Average Days Waiting (5)						Average Days Waiting (5)						Average Days Waiting (5)							
	Percent Completed (4)						Percent Completed (4)						Percent Completed (4)							
	Completed (4)						Completed (4)						Completed (4)							
	New Spans (3)						New Spans (3)						New Spans (3)							
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	986	986	100.0%	12.0	833	84.5%	205	205	100.0%	13.3	152	74.1%	781	781	100.0%	11.7	681	87.2%		
2019-Q1	1033	1033	100.0%	12.4	866	83.8%	201	201	100.0%	14.0	147	73.1%	832	832	100.0%	12.0	719	86.4%		
2019-Q2	1203	1203	100.0%	12.6	987	82.0%	248	248	100.0%	13.6	191	77.0%	955	955	100.0%	12.4	796	83.4%		
2019-Q3	1298	1298	100.0%	12.0	1120	86.3%	248	248	100.0%	12.3	202	81.5%	1050	1050	100.0%	11.9	918	87.4%		
2019-Q4	1293	1293	100.0%	12.5	1065	82.4%	239	239	100.0%	13.4	174	72.8%	1054	1054	100.0%	12.3	891	84.5%		
2020-Q1	1207	1207	100.0%	12.7	1019	84.4%	209	209	100.0%	13.5	169	80.9%	998	998	100.0%	12.5	850	85.2%		
2020-Q2	732	732	100.0%	12.8	578	79.0%	107	107	100.0%	12.5	94	87.9%	625	625	100.0%	12.8	484	77.4%		
2020-Q3	1093	1093	100.0%	11.8	960	87.8%	199	199	100.0%	12.1	165	82.9%	894	894	100.0%	11.8	795	88.9%		
2020-Q4	1008	1008	100.0%	12.7	852	84.5%	192	192	100.0%	12.7	158	82.3%	816	816	100.0%	12.7	694	85.0%		
2021-Q1	1080	1080	100.0%	11.9	960	88.9%	244	244	100.0%	12.8	202	82.8%	836	836	100.0%	11.7	758	90.7%		
2021-Q2	1205	1205	100.0%	12.3	1040	86.3%	250	250	100.0%	12.5	198	79.2%	955	955	100.0%	12.2	842	88.2%		
2021-Q3	1515	1515	100.0%	13.8	1236	81.6%	317	317	100.0%	14.8	221	69.7%	1198	1198	100.0%	13.6	1015	84.7%		
2021-Q4	1481	1481	100.0%	13.9	1234	83.3%	306	306	100.0%	16.4	210	68.6%	1175	1175	100.0%	13.2	1024	87.1%		
2022-Q1	1511	1511	100.0%	13.9	1229	81.3%	340	340	100.0%	17.8	160	47.1%	1171	1171	100.0%	12.8	1069	91.3%		
2022-Q2	1693	1693	100.0%	14.7	1326	78.3%	401	401	100.0%	19.9	163	40.6%	1292	1292	100.0%	13.1	1163	90.0%		
2022-Q3	1815	1815	100.0%	15.5	1288	71.0%	412	412	100.0%	20.9	129	31.3%	1403	1403	100.0%	14.0	1159	82.6%		
2022-Q4	1474	1266	85.9%	13.9	988	78.0%	296	257	86.8%	15.6	153	59.5%	1178	1009	85.7%	13.4	835	82.8%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or Out-of-Jail), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 7a above in that it includes all completions, not just those where the client was admitted to a facility.
- (3) The number of new court order spans; beginning with a new signed order for individuals waiting in-jail for services in the quarter as well as any additional new in-jail stays (i.e., periods of waiting for services in jail) starting in the quarter. This occurs when individuals enter jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services out-of-jail.
- (4) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (5) The average number of the days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).
- (6) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

Figure 7b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
COMPLETIONS WHERE CLIENT IS WAITING IN-JAIL



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 7b displays the number of new outpatient evaluation orders and all orders completed by quarter for individuals waiting in-jail. It also includes additional order characteristics such as the percentage completed, the average days waiting, the number completed on time, and the percentage completed on time. Figure 7b visually shows the number of orders by quarter, the number completed, and the number completed on time differentiated by colored bars.

Outcomes: During the Q4 2022 reporting period, 1,474 new outpatient evaluation orders were entered for clients waiting in-jail. This is a significant 18.8 percent decrease below the record high Q3 order number of 1,815. As of Jan. 30, 2023, 1,266 (85.9%) of Q4 orders were completed. Orders completed includes orders that are completed by having evaluations completed and reports sent to the court as well as orders completed through different means such as having the order withdrawn by the court, or having the client’s status change, causing the order to no longer remain in effect. Average days waiting (the time from the beginning of the order until the order was completed) for the completed orders, improved to 13.9 days (target = 14 days). On time completion for the completed orders climbed to 78.0 percent. WSH completed 82.8 percent of orders on time, and ESH improved dramatically (+90.1%), climbing from 31.3 percent of orders completed on time in Q3, to 59.5 percent of orders completed on time in Q4.

Drivers: Each quarter in 2022 except Q4, was near or exceeded record levels of orders including Q2, the first quarter to exceed 1,600 orders, and Q3, the first quarter to exceed both 1,700 and 1,800 orders. Q4 traditionally slows slightly due to seasonal variations; however, this year's nearly 20-percent drop was larger than normal. While speculative, due to the exceptionally high level of the previous record established in Q3, and the relentlessness of quarter after quarter of new records, perhaps in part due to the pent-up demand resultant from pandemic-related court system closures, a cooling off in order demand, beyond just a typical seasonal drop, may have been inevitable. It is a challenging environment for evaluators and support staff to continuously be processing and evaluating record levels of orders each quarter and then sending record levels of reports on to the courts each quarter as well. It provides a particular challenge to management to help our staff avoid burnout, to continue to find satisfaction in their work, and to retain them at high levels.

Nationwide staffing shortages in healthcare have affected the department's ability to staff several critical positions in our behavioral health facilities. In terms of completing timely outpatient competency evaluations, persistent vacancies in the forensic evaluator positions at OFMHS' Eastern Regional Office [ERO] has significantly impacted the completion of on-time evaluations for clients waiting in-jail. The addition of contractors in the second half of 2022 has been a contributing factor to ERO's substantial and ongoing improvement in their jail-based competency evaluations.

Similarly, the lack of a unified statewide process for scheduling and consistent clerical management of evaluations has also impacted timely evaluations at Eastern. Improvements have been made in those processes as OFMHS has recently gained administrative oversight, and additionally, a decision package for the necessary staffing improvements to correct and unify the statewide system has been submitted for legislative consideration.

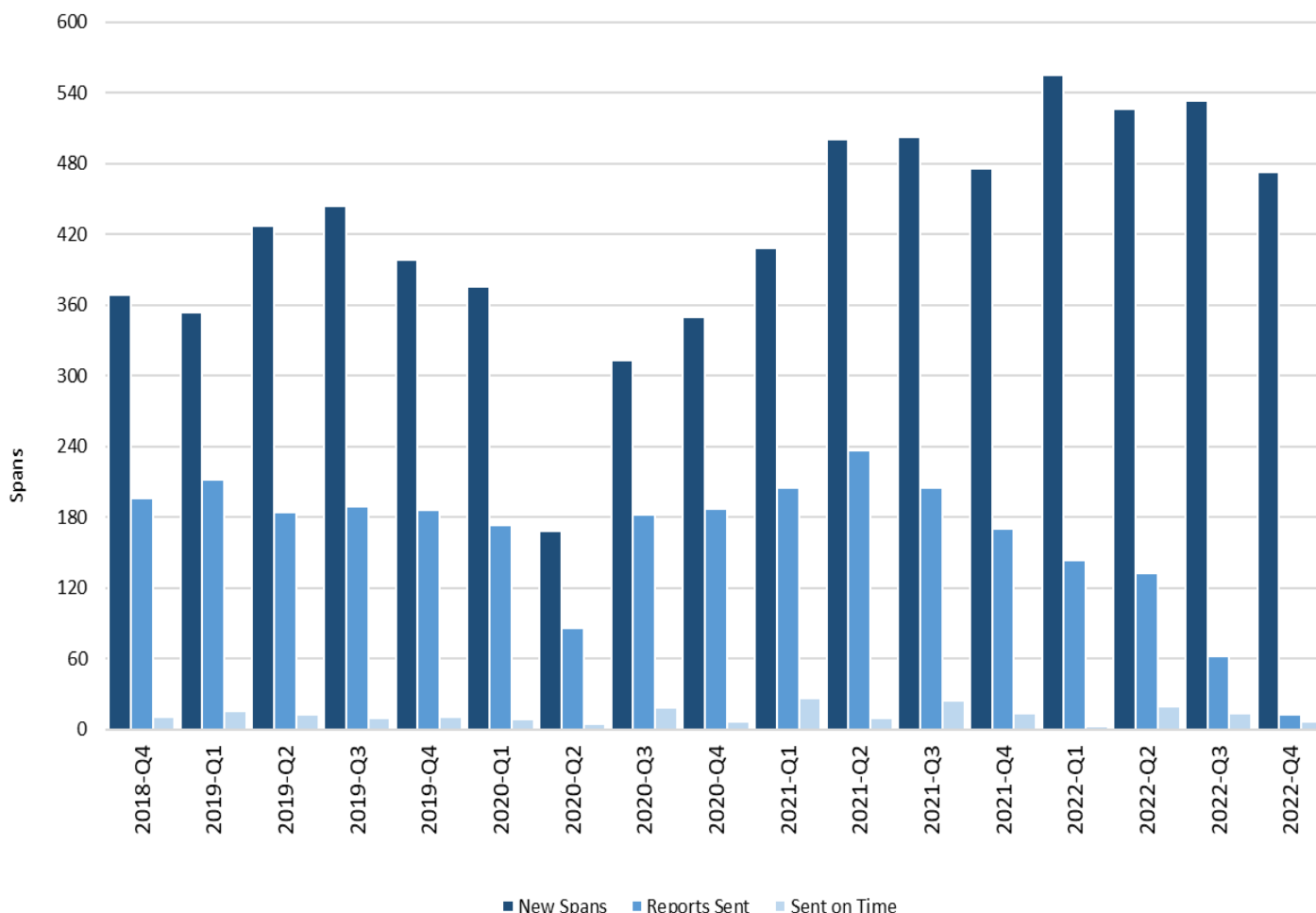
**Table 8a - OUTPATIENT COMPETENCY EVALUATION ORDERS and REPORTS SENT TO COURT (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)**

	Percent Reports Sent on Time (7)							Percent Reports Sent on Time (7)							Percent Reports Sent on Time (7)						
	Reports Sent on Time (7)							Reports Sent on Time (7)							Reports Sent on Time (7)						
	Average Days Waiting (6)							Average Days Waiting (6)							Average Days Waiting (6)						
	Percent Reports Sent (5)							Percent Reports Sent (5)							Percent Reports Sent (5)						
	Reports Sent (5)							Reports Sent (5)							Reports Sent (5)						
	New Spans (4)							New Spans (4)							New Spans (4)						
	STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
Quarter	New Spans (4)	Reports Sent (5)	Percent Reports Sent (5)	Average Days Waiting (6)	Reports Sent on Time (7)	Percent Reports Sent on Time (7)	New Spans (4)	Reports Sent (5)	Percent Reports Sent (5)	Average Days Waiting (6)	Reports Sent on Time (7)	Percent Reports Sent on Time (7)	New Spans (4)	Reports Sent (5)	Percent Reports Sent (5)	Average Days Waiting (6)	Reports Sent on Time (7)	Percent Reports Sent on Time (7)			
2018-Q4	369	196	53.1%	159.2	11	5.6%	112	69	61.6%	142.4	1	1.4%	257	127	49.4%	168.2	10	7.9%			
2019-Q1	354	212	59.9%	155.6	16	7.5%	114	85	74.6%	134.3	6	7.1%	240	127	52.9%	169.8	10	7.9%			
2019-Q2	427	184	43.1%	182.8	13	7.1%	134	66	49.3%	169.8	4	6.1%	293	118	40.3%	190.1	9	7.6%			
2019-Q3	444	189	42.6%	177.7	10	5.3%	119	57	47.9%	158.9	5	8.8%	325	132	40.6%	185.8	5	3.8%			
2019-Q4	398	186	46.7%	220.9	11	5.9%	97	50	51.5%	291.6	4	8.0%	301	136	45.2%	194.9	7	5.1%			
2020-Q1	376	173	46.0%	232.8	9	5.2%	88	34	38.6%	346.3	2	5.9%	288	139	48.3%	205.0	7	5.0%			
2020-Q2	168	86	51.2%	168.9	5	5.8%	49	28	57.1%	239.3	2	7.1%	119	58	48.7%	134.9	3	5.2%			
2020-Q3	313	182	58.1%	146.3	18	9.9%	100	52	52.0%	213.2	6	11.5%	213	130	61.0%	119.5	12	9.2%			
2020-Q4	350	187	53.4%	124.8	7	3.7%	90	39	43.3%	171.4	1	2.6%	260	148	56.9%	112.5	6	4.1%			
2021-Q1	408	205	50.2%	114.6	26	12.7%	74	30	40.5%	90.8	3	10.0%	334	175	52.4%	118.7	23	13.1%			
2021-Q2	501	237	47.3%	120.2	10	4.2%	115	55	47.8%	120.5	1	1.8%	386	182	47.2%	120.1	9	4.9%			
2021-Q3	503	205	40.8%	133.0	24	11.7%	133	46	34.6%	120.7	5	10.9%	370	159	43.0%	136.5	19	11.9%			
2021-Q4	476	170	35.7%	117.9	14	8.2%	121	18	14.9%	109.4	4	22.2%	355	152	42.8%	118.9	10	6.6%			
2022-Q1	555	143	25.8%	117.5	3	2.1%	160	16	10.0%	96.7	2	12.5%	395	127	32.2%	120.2	1	0.8%			
2022-Q2	526	133	25.3%	90.0	19	14.3%	122	18	14.8%	60.7	9	50.0%	404	115	28.5%	94.6	10	8.7%			
2022-Q3	533	62	11.6%	66.1	14	22.6%	148	7	4.7%	58.6	1	14.3%	385	55	14.3%	67.0	13	23.6%			
2022-Q4	473	13	2.7%	25.7	7	53.8%	120	3	2.5%	2.7	3	100.0%	353	10	2.8%	32.6	4	40.0%			

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=32), or while in prison (n=9).
- (3) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison, in a facility, or in prison.
- (5) Number and percent of the new court order spans, where the order spans were completed by a faxed evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes completions by report sent to court for the new court order spans, regardless of when the order completion occurs.
- (6) The average number of the days from beginning to end of the span, for the subset these of the new court order spans that were completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter).
- (7) The number and percent of court order spans completed by an evaluator report sent to the ordering court (does not include completions where the order was withdrawn by the court, or the client status changed, in the quarter), where the number of days from beginning to end of Client Status Span met statutory requirements outlined in RCW 10.77.068.

Figure 8a - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
REPORTS SENT WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 8a displays the number of new outpatient evaluation orders and reports sent to court by quarter for individuals waiting in the community. It also includes additional order characteristics such as the percentage of reports sent to the court, the average days waiting, the number of reports sent on time, and the percentage of reports sent on time. Figure 8a visually shows the number of orders by quarter, the number reports sent, and the number sent on time differentiated by colored bars.

Outcomes: During the Q4 reporting period, 473 orders statewide were received for individuals waiting for an outpatient evaluation in the community on personal recognizance. The number of orders was a moderate decrease from Q3’s 533 orders. Of the 13 reports sent to court statewide, average days waiting was 25.7 (target = 21). However, as time moves further away from the close of Q4 and cases continue to complete over time, the number and percent of reports completing will increase on the positive side, while the average days waiting, reports sent on time, and percent of reports sent on time will move in negative directions. As a result, the Q4 data, at first look, appears close to its strongest in terms of performance, and as it continues maturing, a more realistic pattern of performance will likely emerge.

Drivers: The quarterly variability for the “in the community” performance data and reports sent 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. Additionally, impacts from the Delta and Omicron variants made it more challenging to schedule PR evaluations in the community leading to the much lengthier PR wait times being experienced currently. Positive progress occurred in Q4; however, staff vacancies and wider systemic challenges in health care staffing remain persistent challenges impacting performance. See the *Actions Taken* section of this report for steps the department is engaged in seeking to improve our performance.

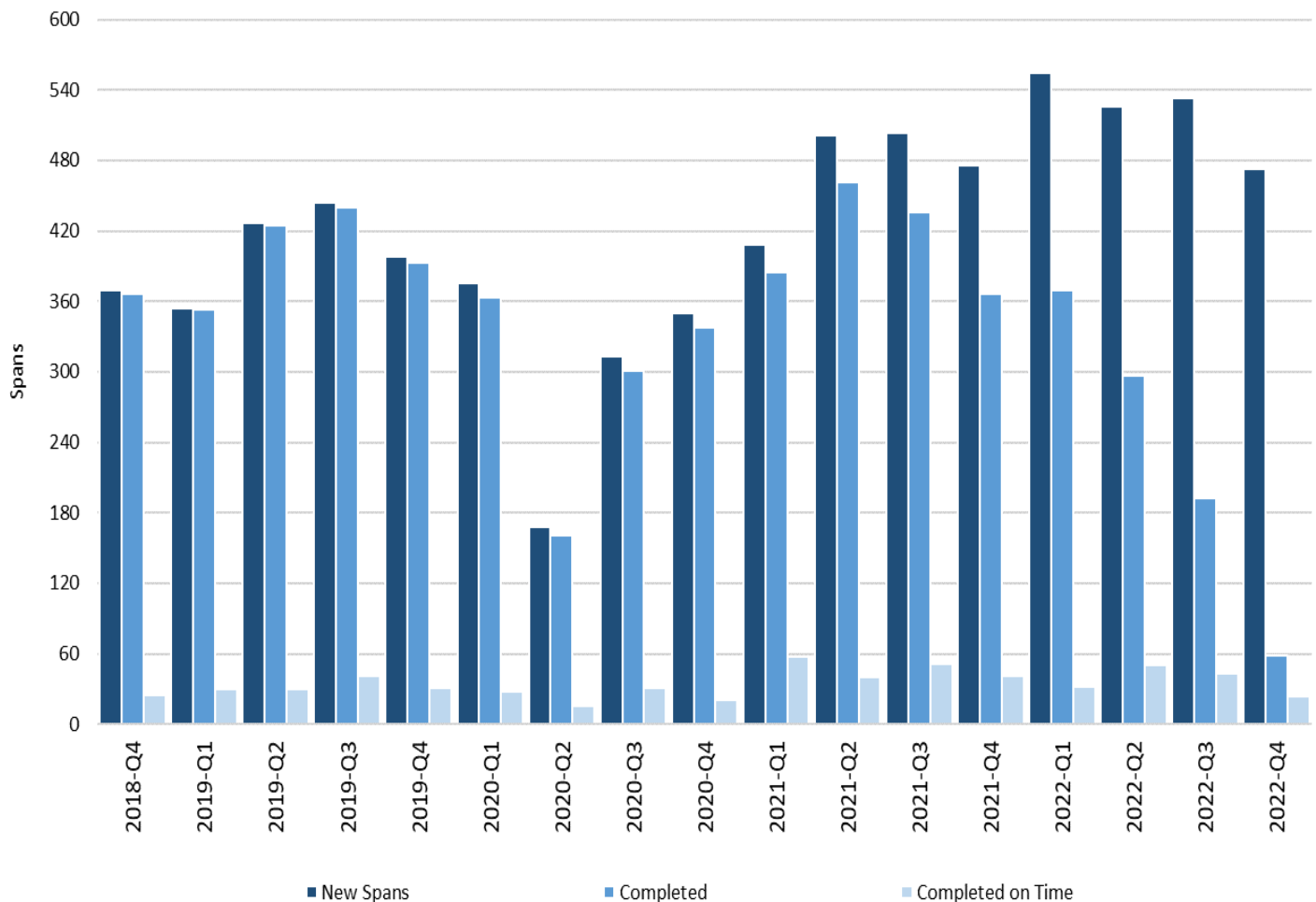
**Table 8b - OUTPATIENT COMPETENCY EVALUATION ORDERS and ALL ORDER SPAN COMPLETIONS (1)
for individuals WAITING IN THE COMMUNITY (2) for services, by quarter (3)**

Percent Completed on Time (7) Completed on Time (7)							Percent Completed on Time (7) Completed on Time (7)							Percent Completed on Time (7) Completed on Time (7)						
Average Days Waiting (6)							Average Days Waiting (6)							Average Days Waiting (6)						
Percent Completed (5)							Percent Completed (5)							Percent Completed (5)						
Completed (5)							Completed (5)							Completed (5)						
New Spans (4)							New Spans (4)							New Spans (4)						
STATEWIDE							EASTERN STATE HOSPITAL							WESTERN STATE HOSPITAL						
2018-Q4	369	366	99.2%	181.3	25	6.8%	112	109	97.3%	156.9	7	6.4%	257	257	100.0%	191.7	18	7.0%		
2019-Q1	354	353	99.7%	178.0	30	8.5%	114	113	99.1%	137.9	8	7.1%	240	240	100.0%	197.0	22	9.2%		
2019-Q2	427	425	99.5%	191.5	30	7.1%	134	132	98.5%	151.7	9	6.8%	293	293	100.0%	209.4	21	7.2%		
2019-Q3	444	440	99.1%	180.6	41	9.3%	119	116	97.5%	155.0	14	12.1%	325	324	99.7%	189.7	27	8.3%		
2019-Q4	398	393	98.7%	227.5	31	7.9%	97	92	94.8%	306.7	7	7.6%	301	301	100.0%	203.3	24	8.0%		
2020-Q1	376	363	96.5%	243.5	28	7.7%	88	75	85.2%	339.5	4	5.3%	288	288	100.0%	218.5	24	8.3%		
2020-Q2	168	161	95.8%	183.6	16	9.9%	49	43	87.8%	246.7	2	4.7%	119	118	99.2%	160.6	14	11.9%		
2020-Q3	313	301	96.2%	154.6	31	10.3%	100	88	88.0%	174.7	10	11.4%	213	213	100.0%	146.3	21	9.9%		
2020-Q4	350	338	96.6%	140.7	21	6.2%	90	79	87.8%	163.5	7	8.9%	260	259	99.6%	133.7	14	5.4%		
2021-Q1	408	385	94.4%	127.5	58	15.1%	74	55	74.3%	134.6	8	14.5%	334	330	98.8%	126.4	50	15.2%		
2021-Q2	501	461	92.0%	130.1	40	8.7%	115	93	80.9%	120.8	8	8.6%	386	368	95.3%	132.5	32	8.7%		
2021-Q3	503	436	86.7%	129.2	51	11.7%	133	89	66.9%	111.1	12	13.5%	370	347	93.8%	133.9	39	11.2%		
2021-Q4	476	366	76.9%	120.1	41	11.2%	121	59	48.8%	96.8	14	23.7%	355	307	86.5%	124.5	27	8.8%		
2022-Q1	555	369	66.5%	111.5	32	8.7%	160	69	43.1%	112.1	12	17.4%	395	300	75.9%	111.3	20	6.7%		
2022-Q2	526	297	56.5%	84.1	50	16.8%	122	53	43.4%	92.5	10	18.9%	404	244	60.4%	82.3	40	16.4%		
2022-Q3	533	193	36.2%	57.4	43	22.3%	148	56	37.8%	45.6	19	33.9%	385	137	35.6%	62.2	24	17.5%		
2022-Q4	473	59	12.5%	31.2	24	40.7%	120	14	11.7%	12.4	11	78.6%	353	45	12.7%	37.1	13	28.9%		

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

- (1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.
- (2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic or RTF bed (n=32), or while in prison (n=9).
- (3) This data is pulled from the BHA - Forensic Data System. The unit of measurement is the number of court order spans in the quarter, where an individual waited for court ordered services in a particular client status (i.e. In-jail or In the Community), as each of these client statuses has different statutory requirements outlined in RCW 10.77.068. This table differs from Table 8a above in that it includes all completions, not just those were the client was admitted to a facility.
- (4) The number of new court order spans; beginning with a new signed order for individuals waiting In the Community for services in the quarter as well as any additional new In-Community stays (i.e., periods of waiting for services In the Community) starting in the quarter due to an individual leaving jail while awaiting a court-ordered service. This number does not include court order spans for individuals waiting for services in-jail, in a facility, or in prison.
- (5) Number and percent of these court order spans, where the order spans were completed (including completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter). This is a subset of the new court order spans in the quarter and includes all order span completions for the new court order spans, regardless of when the order completion occurs.
- (6) The average number of the days from beginning to end of the span, for the subset these of the new court order spans (includes completions by an evaluator report sent to the ordering court, order withdrawn by the court, or the client status changed, in the quarter).
- (7) The number and percent of court order spans completed by an evaluator report sent to the ordering court or other completion method, where the number of days from beginning to end of the client status span met statutory requirements outlined in RCW 10.77.068. Other completion methods include instances where the court order was withdrawn by the court, or the client status changed.

Figure 8b - OUTPATIENT COMPETENCY EVALUATION SERVICES ORDERED BY QUARTER
 COMPLETIONS WHERE CLIENT IS WAITING IN THE COMMUNITY



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 8b displays the number of new outpatient evaluation orders and all orders completed by quarter for individuals waiting in the community. It also includes additional order characteristics such as the percentage of orders completed, the average days waiting, the number of orders completed on time, and the percentage of orders completed on time. Figure 8b visually shows the number of orders by quarter, the number of orders completed, and the number completed on time differentiated by colored bars.

Outcomes: During the Q4 reporting period, 473 orders statewide were received for individuals waiting for an outpatient evaluation in the community on personal recognizance. The number of orders was a moderate decrease from Q3’s 533 orders. During Q4, and the initial period of data maturity and processing that ended on Jan. 30, 2023, 59 in the community/PR orders were completed.¹ Of the 59 orders completed statewide, average days waiting was 31.2 (target = 21). This is an initial look at Q4 data that will substantially change over time as a greater number of Q4 2022 “in the community” orders complete during subsequent quarters and are recorded into the Q4 data. On a positive note, continued completion of Q4 orders into future quarters will

¹ Orders completed include reports sent to the court as well as other methods of completion including court orders withdrawn by a court or a client’s change in status causing an end to the active court order.

increase the number and percent of Q4 orders completed. However, the average days waiting for Q4 orders will increase, and the number and percent of Q4 orders completed on time will also decrease.

Drivers: The quarterly variability of the in the community/personal recognizance performance data and “reports sent” 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. Additionally, impacts from the Delta and Omicron variants made it more challenging to schedule PR evaluations in the community leading to the much lengthier PR wait lists being experienced currently. Positive progress occurred in Q4; however, staff vacancies and wider systemic challenges in health care staffing remain persistent challenges impacting performance. See the *Actions Taken* section of this report for steps the department is engaged in seeking to improve our performance.

Global Quarterly Order Data

Tables 9a-12b and Figures 9a-12b show global order data to illustrate total orders signed by calendar quarter for all types of competency services offered by the department. Each table shows total orders by quarter, by felony or misdemeanor, by hospital or combined statewide. Tables labeled “a,” show orders for individuals “waiting in-jail” for their services, and tables labeled “b,” show orders for individuals “waiting in the community” for their services. These tables and figures illustrate total orders signed by calendar quarter for:

- Inpatient competency restoration orders – waiting in-jail/waiting in the community
- Inpatient competency evaluation orders – waiting in-jail/waiting in the community
- Inpatient civil conversion orders – waiting in-jail/waiting in the community
- Outpatient competency evaluation orders – waiting in-jail/waiting in the community.

This section of the data presentation begins below. Each “a” table will be paired with an “a” figure followed by an explanation of the visuals and a discussion of the outcomes and drivers represented in the data contained within the visuals as well as the greater context in which the data is situated. Likewise, every “b” table will be paired with a “b” figure.

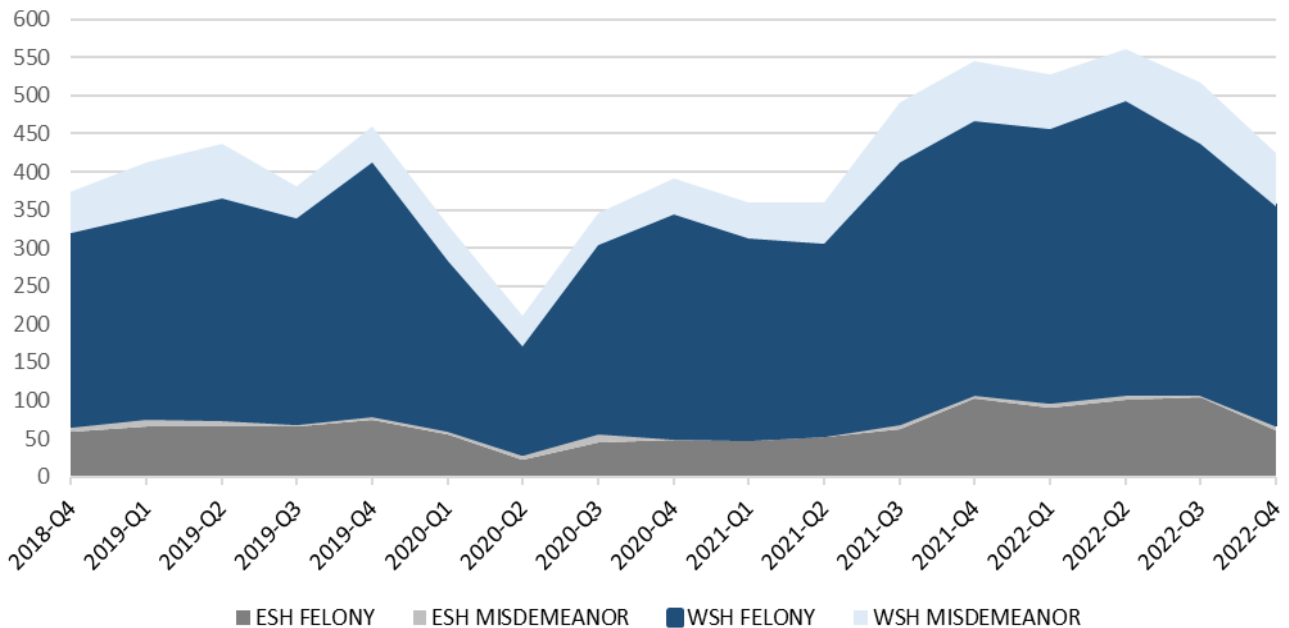
Table 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH (1)		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	311	63	374	59	8	67	252	55	307
2019-Q1	329	84	413	65	13	78	264	71	335
2019-Q2	355	82	437	66	10	76	289	72	361
2019-Q3	333	47	380	66	5	71	267	42	309
2019-Q4	406	54	460	75	6	81	331	48	379
2020-Q1	276	54	330	56	6	62	220	48	268
2020-Q2	161	50	211	22	9	31	139	41	180
2020-Q3	289	56	345	44	15	59	245	41	286
2020-Q4	341	51	392	48	3	51	293	48	341
2021-Q1	310	50	360	47	3	50	263	47	310
2021-Q2	302	57	359	52	3	55	250	54	304
2021-Q3	405	86	491	63	8	71	342	78	420
2021-Q4	458	87	545	102	8	110	356	79	435
2022-Q1	448	80	528	91	8	99	357	72	429
2022-Q2	482	79	561	100	10	110	382	69	451
2022-Q3	432	85	517	104	5	109	328	80	408
2022-Q4	345	80	425	61	9	70	284	71	355

(1) Includes referrals that end up admitting to the RTFs.

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 9a - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 9a above provides the total number of felony and misdemeanor inpatient competency restoration orders for individuals waiting in jail, and Figure 9a provides a visual representation of the same data.

Outcomes: During the Q4 2022 reporting period, new inpatient restoration orders decreased significantly by 17.8 percent to 425 statewide. ESH orders decreased significantly by 35.8 percent to 70 orders. WSH orders decreased 13-percent to 355 orders from a record high 408 orders in Q3. WSH order numbers also include orders that are admitted for restoration services at our residential treatment facilities.

Drivers: Even with the significant statewide decrease in orders during Q4, 425 orders represent substantial levels of demand for inpatient restoration services. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders. Based on continued near record levels of competency evaluation orders, it appears the downstream impacts on restoration orders will continue for the foreseeable future.

After order 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 orders recovered substantially by the end of Q4 2020 before moderating somewhat in Q1 and Q2 2021 and then accelerating to continuous record and near-record levels in the five subsequent quarters. 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.

During the early months of the pandemic in 2020, order levels collapsed, criminal courts and other partners experienced pandemic-related court closures, reductions in court case throughput, and

pandemic-related challenges in program delivery. After our partners began to re-open in Q3 2020, order numbers began to significantly recover toward pre-pandemic levels as systems determined responsible paths forward to serving clients within the context of the COVID-19 pandemic. Many county prosecutors and prosecutors in larger cities have had sizable backlogs of criminal referrals working through the criminal court system. A significant subset of these cases require competency services and have become one of the factors contributing to continuous near-record levels of inpatient restoration orders.

Table 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter

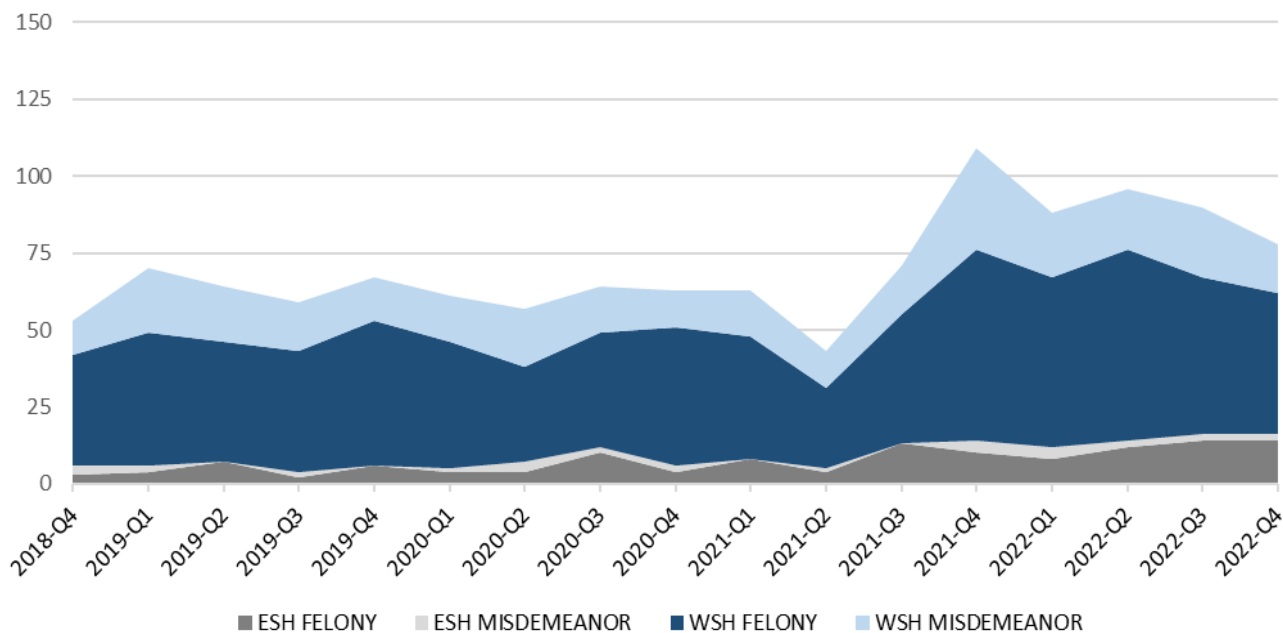
CALENDAR YEAR-QTR	STATE			ESH			WSH (2)		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	39	14	53	3	3	6	36	11	47
2019-Q1	47	23	70	4	2	6	43	21	64
2019-Q2	46	18	64	7	0	7	39	18	57
2019-Q3	41	18	59	2	2	4	39	16	55
2019-Q4	53	14	67	6	0	6	47	14	61
2020-Q1	45	16	61	4	1	5	41	15	56
2020-Q2	35	22	57	4	3	7	31	19	50
2020-Q3	47	17	64	10	2	12	37	15	52
2020-Q4	49	14	63	4	2	6	45	12	57
2021-Q1	48	15	63	8	0	8	40	15	55
2021-Q2	30	13	43	4	1	5	26	12	38
2021-Q3	55	16	71	13	0	13	42	16	58
2021-Q4	72	37	109	10	4	14	62	33	95
2022-Q1	63	25	88	8	4	12	55	21	76
2022-Q2	74	22	96	12	2	14	62	20	82
2022-Q3	65	25	90	14	2	16	51	23	74
2022-Q4	60	18	78	14	2	16	46	16	62

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or RTF bed (n=1,1213), or while in prison (n=3).

(2) Includes referrals that end up admitting to the RTFs.

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 9b - NEW INPATIENT COMPETENCY RESTORATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 9b above provides the total number of felony and misdemeanor inpatient competency restoration orders for individuals waiting in the community, and Figure 9b provides a visual representation of the same data.

Outcomes: During the Q4 2022 reporting period, new inpatient restoration orders decreased significantly for clients waiting in the community on personal recognizance. Orders declined statewide from 90 to 78, a 13.3 percent decline. Orders at ESH remained flat at 16, and orders at WSH decreased significantly from 74 to 62, a 16.2 percent decrease. WSH order numbers also include orders that are admitted for restoration services at our residential treatment facilities.

ESH's 16 orders in Q3 and Q4 2022 surpassed the Q4 2021 and Q2 2022 joint record of 14 orders each quarter. The Q3 statewide and WSH order totals represent their respective third and fourth highest quarterly totals ever, indicating that demand remains historically high among clients who await competency restoration services from the community.

Drivers: Even with the significant statewide decrease for “in the community” orders during Q4, 62 orders represent a relatively high level of demand for inpatient restoration services. All else being equal, high levels of jail-based, inpatient, and PR competency evaluation orders will generally result in greater numbers of restoration orders. Based on continued near record levels of competency evaluation orders, it appears the downstream impacts on restoration orders will continue for the foreseeable future.

Adding the ongoing COVID-19 pandemic as a new externality, OFMHS and its partners have adjusted to the new and continuously changing environment in which to safely serve our clients. Numerous pandemic-related changes have required that societal institutions learn how to live and work within the constraints of the pandemic. An outcome of pandemic-related systemic change has been pent up referral demand in cases that were delayed by prosecutors, pandemic-related court closures, and other court-related protocol during the height of early pandemic closures and lockdowns. These cases are now slowly working through the criminal courts and are impacting the behavioral health system.

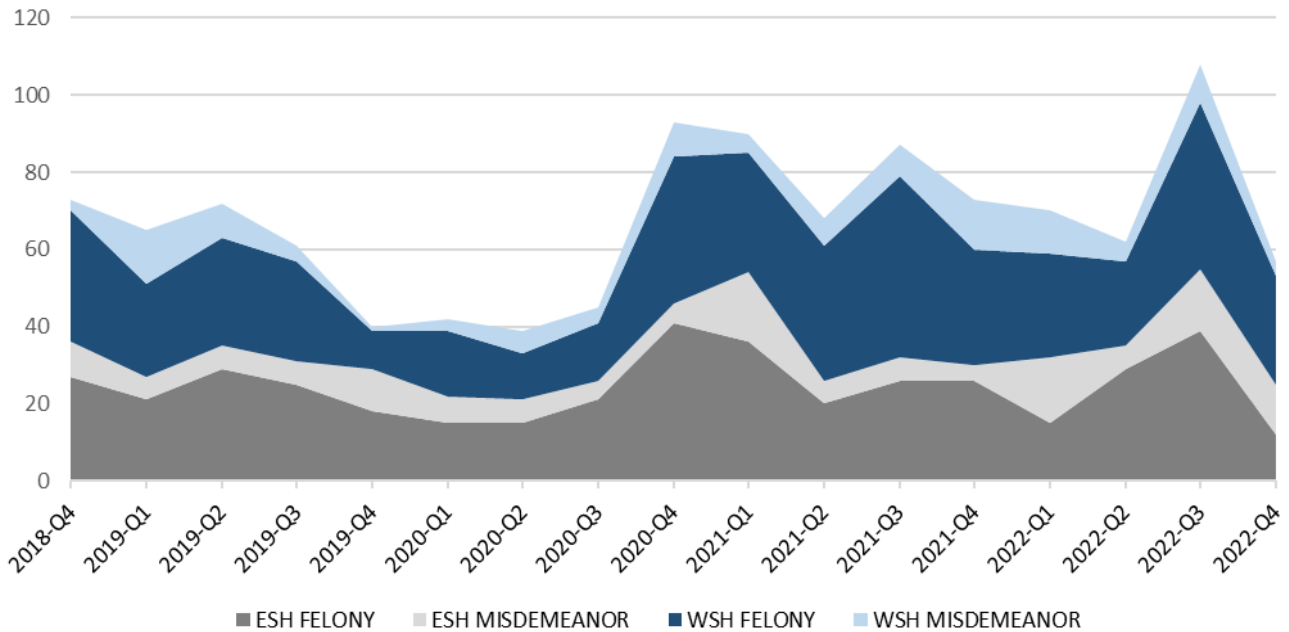
Table 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	61	12	73	27	9	36	34	3	37
2019-Q1	45	20	65	21	6	27	24	14	38
2019-Q2	57	15	72	29	6	35	28	9	37
2019-Q3	51	10	61	25	6	31	26	4	30
2019-Q4	28	12	40	18	11	29	10	1	11
2020-Q1	32	10	42	15	7	22	17	3	20
2020-Q2	27	12	39	15	6	21	12	6	18
2020-Q3	36	9	45	21	5	26	15	4	19
2020-Q4	79	14	93	41	5	46	38	9	47
2021-Q1	67	23	90	36	18	54	31	5	36
2021-Q2	55	13	68	20	6	26	35	7	42
2021-Q3	73	14	87	26	6	32	47	8	55
2021-Q4	56	17	73	26	4	30	30	13	43
2022-Q1	42	28	70	15	17	32	27	11	38
2022-Q2	51	11	62	29	6	35	22	5	27
2022-Q3	82	26	108	39	16	55	43	10	53
2022-Q4	40	17	57	12	13	25	28	4	32

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 10a - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 10a above describes the total number of felony and misdemeanor inpatient competency evaluation orders for individuals waiting for services in-jail, and Figure 10a provides a visual representation of the same data.

Outcomes: In the Q4 2022 reporting period, new inpatient evaluation orders decreased significantly from 108 to 57 orders, which is a decrease of 47.2 percent.

Drivers: Over the long run, inpatient evaluation orders have declined, especially as a percentage of total evaluation services, 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-Trueblood class member PR evaluations increases, a greater number of clients are court ordered to inpatient evaluations. With long PR wait lists, wait times, and near record levels of orders for many competency services, Q3's significant increase in orders for inpatient competency evaluations was not unexpected followed by a return to more normal order levels within a few quarters.

Table 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN THE COMMUNITY (2) for services, by quarter

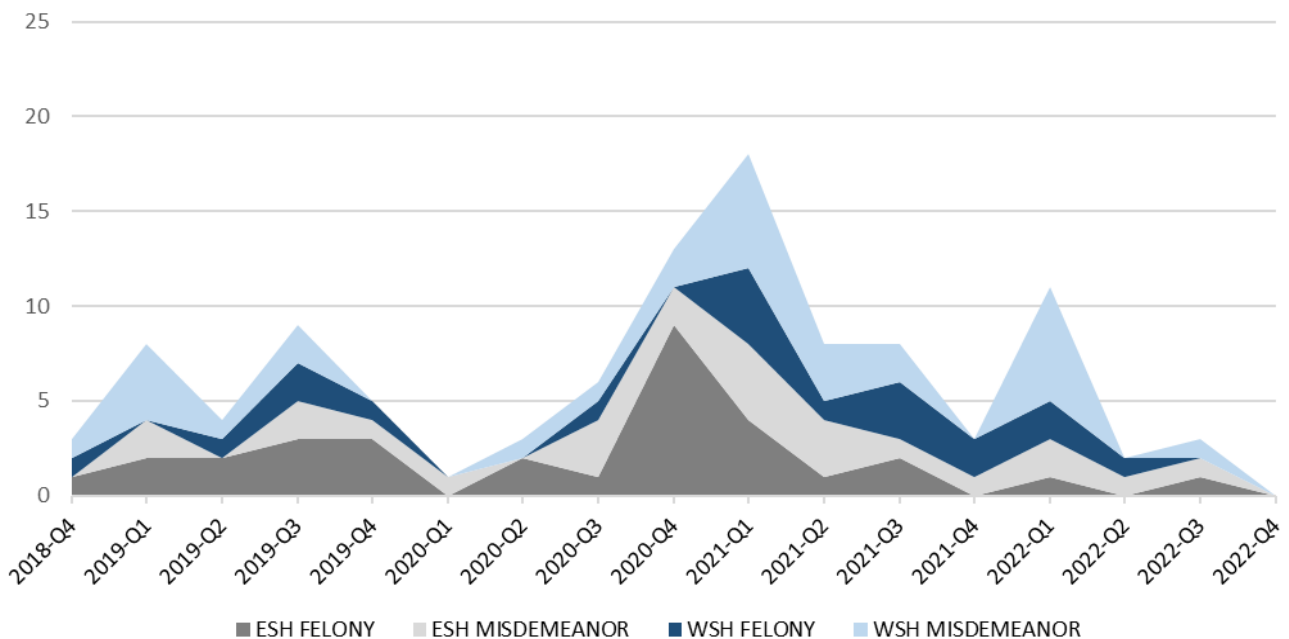
CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	2	1	3	1	0	1	1	1	2
2019-Q1	2	6	8	2	2	4	0	4	4
2019-Q2	3	1	4	2	0	2	1	1	2
2019-Q3	5	4	9	3	2	5	2	2	4
2019-Q4	4	1	5	3	1	4	1	0	1
2020-Q1	0	1	1	0	1	1	0	0	0
2020-Q2	2	1	3	2	0	2	0	1	1
2020-Q3	2	4	6	1	3	4	1	1	2
2020-Q4	9	4	13	9	2	11	0	2	2
2021-Q1	8	10	18	4	4	8	4	6	10
2021-Q2	2	6	8	1	3	4	1	3	4
2021-Q3	5	3	8	2	1	3	3	2	5
2021-Q4	2	1	3	0	1	1	2	0	2
2022-Q1	3	8	11	1	2	3	2	6	8
2022-Q2	1	1	2	0	1	1	1	0	1
2022-Q3	1	2	3	1	1	2	0	1	1
2022-Q4	0	0	0	0	0	0	0	0	0

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or RTF bed (n=46), or while in prison (n=3).

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 10b - NEW INPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 10b above shows the total number of felony and misdemeanor inpatient competency evaluation orders for individuals waiting for services in the community, and Figure 10b provides a visual representation of the same data.

Outcomes: New Q4 orders totaled zero for both ESH and WSH.

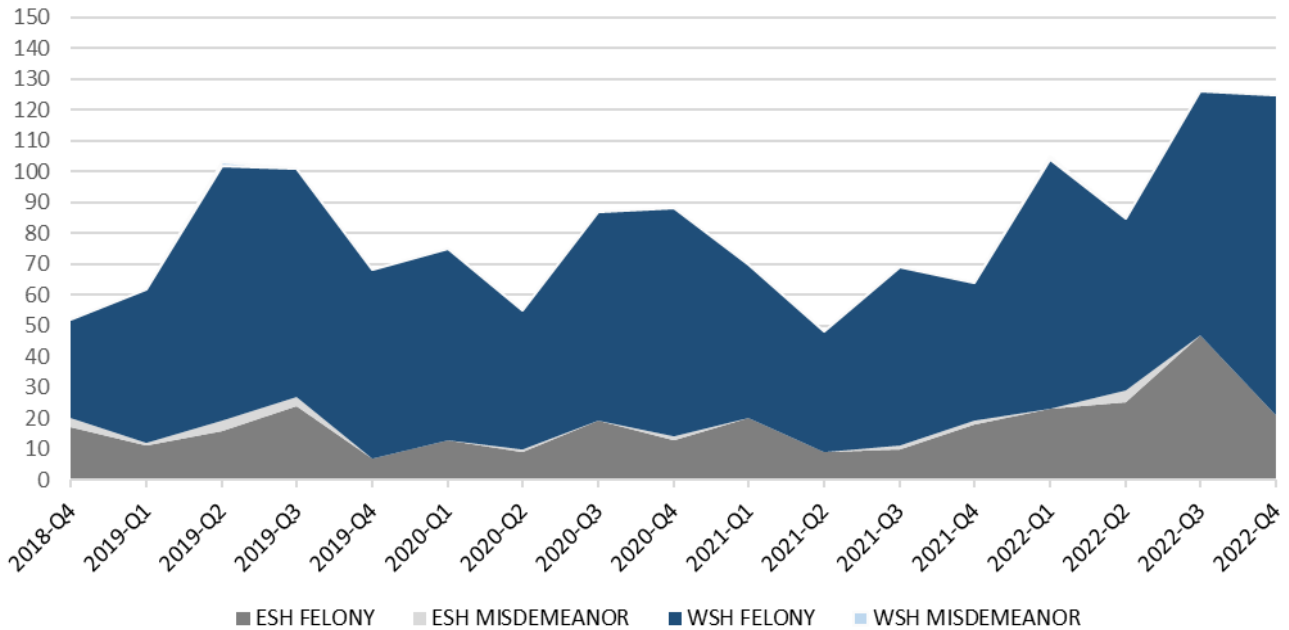
Drivers: Generally, if a client's competency evaluation requires completion in an inpatient setting, the client would not be waiting for the evaluation in a community setting. However, a client initially released on personal recognizance might experience more severe illness or decompensate, and then receive an inpatient evaluation order. While the number of these cases occasionally exceeds 10 per quarter, demand for clients on PR status to receive inpatient competency evaluations comprises a very small portion of the department's evaluation services caseload. Further, the department engages court partners when inpatient competency evaluation orders are received to explain current wait times for inpatient services and recommend the completion of the evaluation in jail.

Table 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	49	3	52	17	3	20	32	0	32
2019-Q1	61	1	62	11	1	12	50	0	50
2019-Q2	99	4	103	16	3	19	83	1	84
2019-Q3	98	3	101	24	3	27	74	0	74
2019-Q4	68	0	68	7	0	7	61	0	61
2020-Q1	75	0	75	13	0	13	62	0	62
2020-Q2	54	1	55	9	1	10	45	0	45
2020-Q3	87	0	87	19	0	19	68	0	68
2020-Q4	87	1	88	13	1	14	74	0	74
2021-Q1	70	0	70	20	0	20	50	0	50
2021-Q2	48	0	48	9	0	9	39	0	39
2021-Q3	68	1	69	10	1	11	58	0	58
2021-Q4	63	1	64	18	1	19	45	0	45
2022-Q1	104	1	105	23	0	23	81	1	82
2022-Q2	81	4	85	25	4	29	56	0	56
2022-Q3	126	0	126	47	0	47	79	0	79
2022-Q4	125	0	125	21	0	21	104	0	104

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 11a - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 11a above shows the total number of felony and misdemeanor civil conversion orders for individuals waiting for services in-jail, and Figure 11a provides a visual representation of the same data.

Outcomes: During the Q4 reporting period, statewide civil conversion orders remained flat, decreasing by one order to 125. Felony civil conversion orders remained flat, and misdemeanor orders remained at zero for the second consecutive reporting period. Over the last four years, misdemeanor civil conversion orders have only averaged one per quarter indicating that felony civil conversions comprise most of these orders.

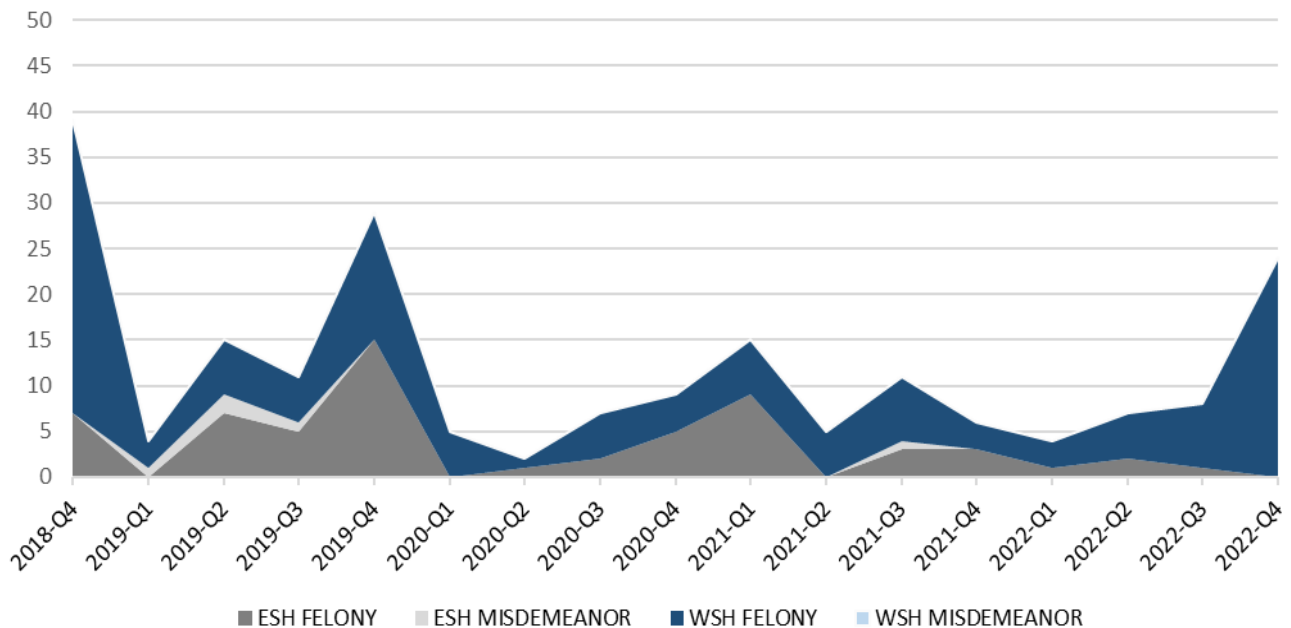
Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. Additionally, with lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Civil conversion clients, if found incompetent, typically get admitted ahead of forensic patients and due to capacity constraints at the state hospitals are increasingly using forensic-designated beds. Civil patients, on average remain in those beds longer frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner, and new beds coming online in 2023 will bring much needed assistance to this issue.

Table 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY (1) for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	39	0	39	7	0	7	32	0	32
2019-Q1	3	1	4	0	1	1	3	0	3
2019-Q2	13	2	15	7	2	9	6	0	6
2019-Q3	10	1	11	5	1	6	5	0	5
2019-Q4	29	0	29	15	0	15	14	0	14
2020-Q1	5	0	5	0	0	0	5	0	5
2020-Q2	2	0	2	1	0	1	1	0	1
2020-Q3	7	0	7	2	0	2	5	0	5
2020-Q4	9	0	9	5	0	5	4	0	4
2021-Q1	15	0	15	9	0	9	6	0	6
2021-Q2	5	0	5	0	0	0	5	0	5
2021-Q3	10	1	11	3	1	4	7	0	7
2021-Q4	6	0	6	3	0	3	3	0	3
2022-Q1	4	0	4	1	0	1	3	0	3
2022-Q2	7	0	7	2	0	2	5	0	5
2022-Q3	8	0	8	1	0	1	7	0	7
2022-Q4	24	0	24	0	0	0	24	0	24

(1) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or RTF bed (n=577).
 DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 11b - NEW INPATIENT CIVIL CONVERSION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 11b above shows the total number of felony and misdemeanor civil conversion orders for individuals waiting for services in the community, and Figure 11b provides a visual representation of the same data.

Outcomes: During the Q4 reporting period, statewide felony in the community civil conversion orders increased 200-percent from eight to 24. Misdemeanor orders remained at zero in this reporting period. Over the last 4.25 years, misdemeanor civil conversion orders have only averaged 0.29 per quarter indicating that felony civil conversions comprise most of these orders.

Drivers: Clients in the forensic behavioral health system who undergo restoration treatment and who remain incompetent after several treatment orders, may have their criminal charges dismissed with prejudice and be ordered for evaluation for involuntary civil commitment. Additionally, clients waiting for competency restoration who are not admitted timely may also have their criminal charges dismissed with prejudice without any restoration attempted and be ordered for evaluation for involuntary civil commitment. Many clients with more serious or violent felony charges are civilly committed in this manner under RCW 71.05. If competency is regained at some point, prosecutors can choose to re-file and pursue the charges in the criminal courts. Additionally, with lengthy wait times for inpatient forensic restoration services, many judges across the state increasingly order dismissal of criminal charges and evaluation for civil conversion of clients who had not yet attempted more time-controlled forensic restoration. Civil conversion clients, if found incompetent, typically get admitted ahead of forensic patients and due to capacity constraints at the state hospitals are increasingly using forensic-designated beds. Civil patients, on average remain in those beds longer frequently resulting in 4-5 fewer forensic patients moving through the system per civil patient, per year. This has seriously eroded the ability to move forensic patients into the state hospitals in a timely manner, and new beds coming online in 2023 will bring much needed assistance to this issue.

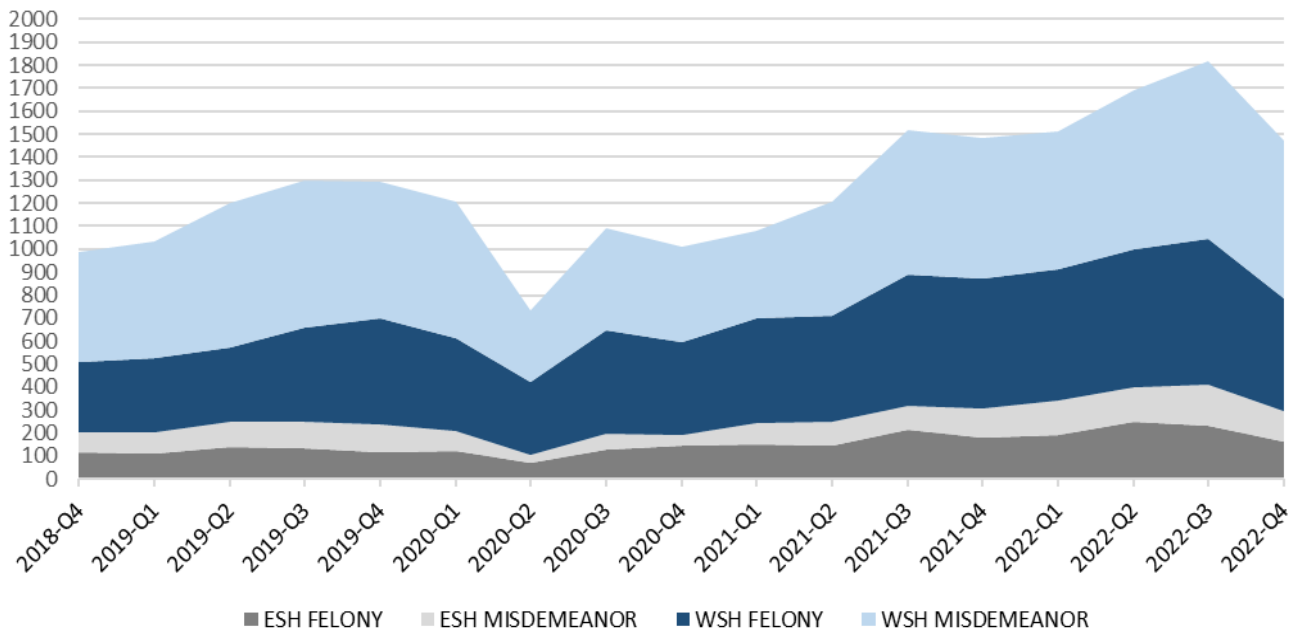
Table 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN-JAIL for services, by quarter

CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	419	567	986	117	88	205	302	479	781
2019-Q1	436	597	1033	113	88	201	323	509	832
2019-Q2	465	738	1203	140	108	248	325	630	955
2019-Q3	548	750	1298	135	113	248	413	637	1050
2019-Q4	579	714	1293	118	121	239	461	593	1054
2020-Q1	531	676	1207	125	84	209	406	592	998
2020-Q2	386	346	732	71	36	107	315	310	625
2020-Q3	574	519	1093	127	72	199	447	447	894
2020-Q4	550	458	1008	148	44	192	402	414	816
2021-Q1	609	471	1080	153	91	244	456	380	836
2021-Q2	608	597	1205	147	103	250	461	494	955
2021-Q3	789	726	1515	214	103	317	575	623	1198
2021-Q4	750	731	1481	182	124	306	568	607	1175
2022-Q1	767	744	1511	193	147	340	574	597	1171
2022-Q2	850	843	1693	251	150	401	599	693	1292
2022-Q3	867	948	1815	234	178	412	633	770	1403
2022-Q4	655	819	1474	163	133	296	492	686	1178

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 12a - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN-JAIL for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 12a above displays the total number of felony and misdemeanor outpatient competency evaluation orders for individuals waiting for services in-jail, and Figure 12a provides a visual representation of the same data.

Outcomes: During the Q4 reporting period, statewide orders decreased significantly from 1,815 to 1,474. This was a decrease of 18.8 percent. At ESH, demand for jail-based evaluations significantly fell 28.2 percent from 412 to 296 orders in Q4. At WSH, demand for jail-based evaluations significantly decreased 16-percent from 1,403 to 1,178 orders in Q4.

Drivers: Societal trends suggest a growing population of persons who could benefit from mental health services; thus, it is likely that both pent up (e.g., deferred cases from COVID-19 closures) and increasing demand are adding strain to our systems, and over these periods of significant growth in orders, periodic plateaus or even small decreases in demand occur regularly prior to the next surge in orders. The emergence of the COVID-19 pandemic in 2020 led to a year-long decrease in demand shown in Table 12a and Figure 12a. Jail-based evaluations demand has not only recovered, but current demand now substantially exceeds the Q3 2019 pre-COVID-19 peak demand. In Q3 2021, order levels exceeded 1,500 orders for the first time. Subsequently, four of the last six quarters through Q4 2022 have seen jail-based orders exceed 1,500. Q2's then record-high order level became the first quarter to exceed 1,600 orders, and Q3 2022 became the first quarter to exceed both 1,700 and 1,800 orders on its way to a new record high order level.

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 deferred cases that many jurisdictions have held back during the pandemic-related closures, a significant sub-set of these cases will receive orders for competency services.

Thanks to legislative investment and the Trueblood Settlement Agreement, OFMHS' continues to invest in expanded capacity to provide competency services and has added significant human resources and capital resources over the course of several budget biennia. Over time, improved efficiency in providing consumers with a highly valued forensic service has itself appeared to increase the demand for that service, and improvements in capacity have often been quickly outstripped by increases in services demand. OFMHS continues to drive process and efficiency improvements *“without sacrificing the accuracy and quality of competency services”* RCW 10.77.068(3), and OFMHS also continues to *“request appropriations for resources in order to meet these targets whenever possible”* RCW 10.77.068(3).

Table 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS (1) for individuals WAITING IN THE COMMUNITY (2) for services, by quarter

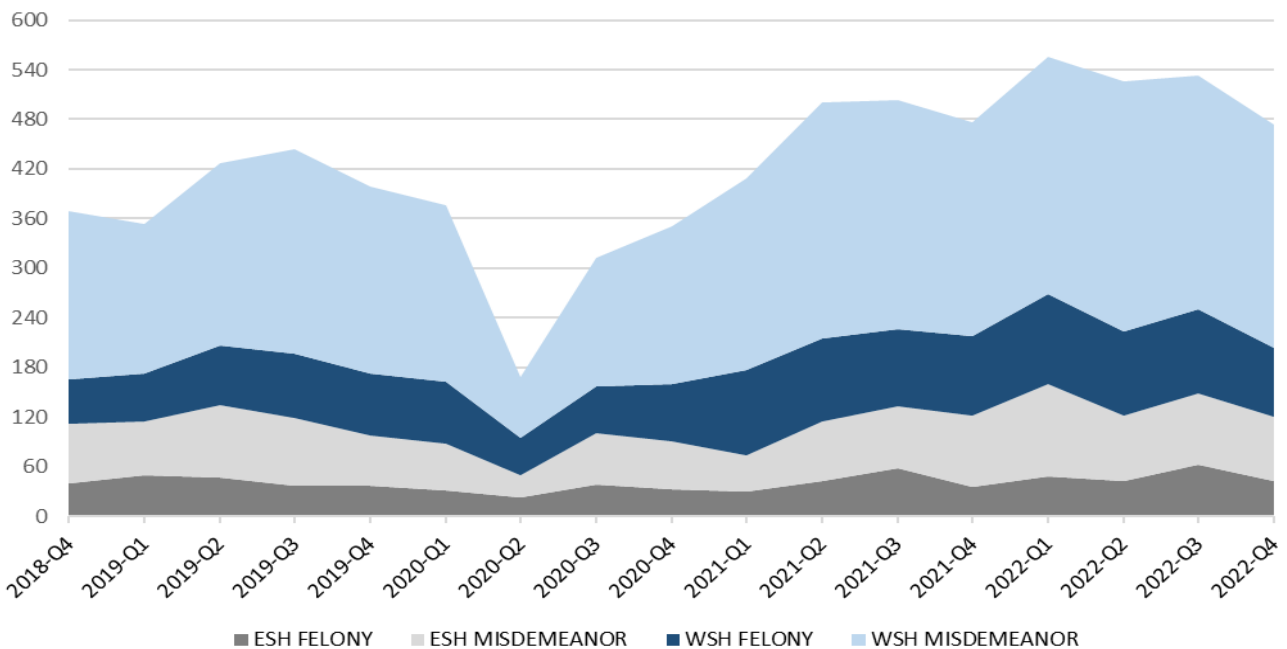
CALENDAR YEAR-QTR	STATE			ESH			WSH		
	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL	FELONY	MISDEMEANOR	TOTAL
2018-Q4	93	276	369	40	72	112	53	204	257
2019-Q1	107	247	354	49	65	114	58	182	240
2019-Q2	120	307	427	47	87	134	73	220	293
2019-Q3	114	330	444	36	83	119	78	247	325
2019-Q4	111	287	398	36	61	97	75	226	301
2020-Q1	106	270	376	31	57	88	75	213	288
2020-Q2	69	99	168	23	26	49	46	73	119
2020-Q3	95	218	313	38	62	100	57	156	213
2020-Q4	101	249	350	32	58	90	69	191	260
2021-Q1	131	277	408	29	45	74	102	232	334
2021-Q2	142	359	501	42	73	115	100	286	386
2021-Q3	151	352	503	58	75	133	93	277	370
2021-Q4	132	344	476	35	86	121	97	258	355
2022-Q1	156	399	555	48	112	160	108	287	395
2022-Q2	143	383	526	42	80	122	101	303	404
2022-Q3	164	369	533	62	86	148	102	283	385
2022-Q4	127	346	473	43	77	120	84	269	353

(1) Excludes records for individuals with court orders for forensic evaluation of Sanity and Diminished Capacity.

(2) Excludes records for individuals with court orders waiting for services while admitted in a civil, forensic, or RTF bed (n=32), or while in prison (n=9).

DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Figure 12b - NEW OUTPATIENT COMPETENCY EVALUATION ORDER SPANS for individuals WAITING IN THE COMMUNITY for services, by quarter



DSHS - Research and Data Analytics; Data Source: BHA - Forensic Data System; Date: 1/30/2023

Table 12b above shows the total number of felony and misdemeanor outpatient competency evaluation orders for individuals waiting for services in the community, and Figure 12b provides a visual representation of the same data.

Outcomes: In the Q4 reporting period, clients waiting for evaluations in the community on personal recognizance decreased significantly on a statewide basis from 533 to 473. The last seven quarters back through Q2 2021 have been the seven highest quarters for orders on record, and five of those seven quarters exceeded 500 orders, the only five quarters to exceed 500 PR orders.

In Q4, PR order demand decreased in both hospital catchment areas. ESH orders significantly declined 18.9 percent, and WSH orders decreased moderately 8.3 percent. At ESH, total orders fell from 148 in Q3 to 120 in Q4. At WSH, orders decreased in Q4 from 385 to 353.

Drivers: A significant portion of this post-COVID-19 shutdown sustained high demand for out-of-jail 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 deferred cases that many jurisdictions have held back during the pandemic-related closures, a significant sub-set of these cases will receive orders for competency services. Many of these cases were either never filed and arrested during the pandemic or were allowed, at much greater numbers, to remain in the community due to institutional closures and other pandemic-related challenges. With the Trueblood Settlement Agreement requiring that Class Member cases receive priority, PR cases often end up with longer wait times when the system becomes especially capacity constrained.

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 Feb. 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 Feb. 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 [Combined Long-Term Plan](#).

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 and near-term bed increases; (2) gain efficiencies in evaluation delivery processes; (3) fund prosecutorial diversion programs; 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 and Near-Term Bed Increases

Selected Prior Reporting Period Events Impacting Bed Capacity and Utilization Rates

During spring and summer 2016, 54 total beds were opened in two residential treatment facilities providing inpatient restoration treatment at a lower acuity level than the state hospitals. Thirty beds were opened at Maple Lane (Centralia, WA) and 24 beds were opened in Yakima (temporary site). These additional beds were opened to help manage the state's waitlist for inpatient services.

WSH expanded South Hall from 15 to 30 beds in fall 2018. The Federal Court used fine funds to renovate building 27 on WSH's campus to create the third residential treatment facility, the 30-bed Fort Steilacoom Competency Restoration Program RTF, which opened in August 2019. The Legislature has funded ongoing operations of FSCRCP.

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.

A 25-bed forensic ward, 1N3, opened on June 1, 2020 at ESH, and a second 25-bed ward, 3N3, opened on Aug. 3, 2020. At WSH, two 20-bed wards opened to NGRI patients in February 2021.

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. Yakima's closure removed 24 RTF beds from the inpatient system.

Due to multi-year pandemic-related restrictions, ESH had been limited to a single forensic admissions ward, which had limited its bed availability and admissions pace. Pandemic related social distancing and quarantining requirements are no longer in effect, which is beneficial for admissions and patient capacity.

The period of the pandemic beginning in Q4 2021 and continuing through summer 2022, was notable for the most significant spike in infections and direct operational impacts BHA-wide. 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. Omicron-related impacts to facilities operations persisted well into Q2 with admissions often running substantially below standard capacity or remaining entirely on hold to prevent wider COVID-19 outbreaks. By the end of Q2, BHA facilities began resuming a more normal level of COVID-19 impacted operations.

Current Bed Capacity Utilization Initiatives

During Q4 2022 in response to the ongoing demand surge for restoration beds, and the lack of available beds for forensic admissions and especially admissions for Trueblood class members, BHA Assistant Secretary, Kevin Bovenkamp, issued a letter dated Dec. 14, 2022 detailing new emergency admissions procedures in effect at the state hospitals and residential treatment centers. These new procedures evaluate individual clients with civil orders to determine whether it is possible to serve those clients at the state hospital. When it is not possible to admit them, the patients, their legal team, and the court are issued "no admit" letters informing them of the decision to not offer civil admission to the client.

During Q3 2022, 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. Recently, Fort Steilacoom and Maple Lane have returned to a full capacity of 30 clients each and have been building toward reaching that capacity. During the COVID-19 related state of emergency that concluded after Q3 2022 ended, Maple Lane and Fort Steilacoom had reduced their patient census to 25 clients each, as part of COVID-19 protocols, and each facility often had to operate at an even 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.

Triage services have continued to identify individuals for whom expedited admissions may be appropriate. As of Dec. 31, 2022, the Triage Consultation and Expedited Admissions program, has identified and accepted requests for 520 individuals for expedited admissions, out of a total of 844

individual referrals. Assisting some of the highest acuity clients to access competency services sooner, may result in less decompensation and less use of services in the long run, and more importantly it potentially allows our most vulnerable clients to access critical, person-centered services in a therapeutic setting.

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 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. As of Q3 2022, forensic navigators and HCA's OCRP administrator continue outreach to the criminal courts to expand use of OCRP in the 10 Phase 1 counties. This outreach is expected to remain an ongoing feature of both programs well into future reporting periods.

On July 5, 2022, OFMHS implemented a new process 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 have allowed 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. The initial clients identified and referred for participation have undergone an assessment for OCRP suitability conducted by a forensic navigator. In the initial cases, the clients were found competent, and therefore were not referred to OCRP; however, their RTF bed was freed for another higher acuity client.

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. Now (OCRP became available in the King region on Oct. 31, 2022) that the entire programming suite of Trueblood Settlement Agreement services are available in the Phase 2 region, navigators will have more tools at their disposal to guide and assist their clients. Navigators seek to divert criminal defendants out of jails and inpatient restoration settings, and into community-based restoration and treatment settings. Program participants are assigned a forensic navigator at the time the court orders a competency evaluation. Their support starts with making connections to resources while clients are in jail. If clients are deemed competent, forensic navigator services end. For those who are determined not competent to stand trial and are ordered into outpatient competency restoration, forensic navigators continue and work with other Trueblood programs until they provide warm handoffs to community resources.

In general, forensic navigators work with clients to ensure that they comply with their conditions of release, attend outpatient competency restoration classes, and adhere to prescribed medications. Navigators also connect clients to additional supportive services in the community, such as housing, mental health and substance use treatment, supported employment services, and community-based case management services.

Near-Term Projects to Expand Bed Capacity

Due to COVID-19 related supply chain disruptions and challenges within the construction industry, no new beds opened during calendar year 2022. The following beds are expected to come online during calendar year 2023:

1. Two new 29-bed inpatient forensic competency restoration wards at WSH. Projected opening date is May 2023 for one ward and June 2023 for the second ward.
2. Contracting with Emergent Community Hospital for up to 50 beds for felony conversion patient transfers from the state hospitals. Contract is in place and active as of Q1 2023.
3. The 16-bed inpatient RTF Civil Center for Behavioral Health at Maple Lane. Opened early April 2023.
4. The 30-bed remodel of Columbia Cottage at Maple Lane as a facility for NGRI patients from WSH. Projected opening is late 2023 to early 2024.
5. HCA and Commerce are working to create 110 civil commitment beds for 90-180-day civil patients across the state. Eight projects have been awarded capital funding between the 19-21 and 21-23 budget biennia, and as of fall 2022, one project is complete.

Gain Efficiencies in Evaluation Delivery Process

During the 2015-2017 and 2019-2021 state budget biennia, 39 forensic evaluators were added to current staff levels. The department continues to examine evaluator and support staff levels to determine optimal staffing to support legislative requirements outlined in RCW 10.77.068 and implementation of the Trueblood Contempt Settlement Agreement. The department submitted a decision package to the Governor's office requesting additional forensic evaluators and related support staff be included in the 2023-2025 biennial budget request. The governor included that request in his budget proposal to the Legislature.

Additional ongoing efforts have continued around workforce development. Specifically, staff evaluators are provided 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. Following the conclusion of the telehealth evaluation pilot project, use of telehealth services for evaluations has continued at existing pilot 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 deploy workforce development staff to assist jails and others in adopting the necessary technology to conduct telehealth evaluations.

For the 12 months ended in December 2022, use of telehealth services continued to grow having reached more than 243 completed evaluations per month on average. Defense attorneys and clients continued to use the system with very few rejections. The refusal rate was 2.1 percent of attempts over the last 12 months, with clients refusing 57.4 percent of the total refusals. Telehealth systems' reach across the state continued to grow as well. Telehealth systems have been used for evaluations at three Tribal corrections facilities; 11 city/regional jail locations; in 32 different counties with 35 total locations; at three OCRP programs; and in five DSHS inpatient facilities (including the Yakima RTF that closed on July 26, 2021). The OFMHS Telehealth committee provides IT and ongoing site support for existing telehealth sites and works to identify and evaluate new sites to begin offering telehealth services.

Staffing challenges at the Eastern Regional Office [ERO], during Q3-Q4 2021 that persisted through the second half of 2022, exacerbated inefficiencies in evaluation scheduling practices for forensic evaluators who complete all forensic evaluations on the eastside of Washington state. OFMHS submitted a decision package, as part of assuming scheduling for all of our evaluators, and has been working on aligning scheduling processes across the state. Scheduling process unification and implementation continued throughout 2022. Early results were promising, and now, at the conclusion of 2022, ERO's on-time performance for jail-based competency evaluations shows month-over-month improvement. A strong team is excited and engaged in this transformative effort. Additionally, evaluators and supervisors from the westside have assisted in tackling the competency services' case backlog to help the eastside become more current in their evaluations. During Q4 2022, timely completion of jail-based competency evaluations by the Eastern Regional Office more than doubled.

Through the demand to bargain process, eastside evaluators transitioned from workload expectations of nine evaluations per month to 12 evaluations per month. This change required several months to implement. After implementation, workloads on both sides of the state now match. Furthermore, a demand to bargain was completed in September 2022 to allow DSHS to contract both in-state and out-of-state forensic evaluators to assist with competency orders. The ability to contract provides needed flexibility to handle staffing vacancies and has also assisted in improving timely completion of jail-based evaluations.

Funded Legal Diversion Programs

The community liaison and diversion specialist continue 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. OFMHS community liaison and diversion specialist manages the contracts for three prosecutorial diversion programs and provides ongoing technical assistance to the programs to assist them in meeting enrollment goals and overcoming other challenges.

The program in King County is a prosecutorial diversion program, which as of July 2022 is jointly funded by a one-year contract with HCA 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 (the contractor is Lourdes).

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 have continued efforts to improve enrollment, within the operational constraints caused by COVID-19, and OFMHS' community liaison and diversion specialist continues to work with each program to reduce barriers to success. First-quarter enrollment in the three programs for FY'23 is already showing dramatic and encouraging improvement. For the second quarter of FY'23 (Q4 2022), the pace of enrollment in the DSHS contracted diversion programs has slowed as compared to the first quarter of FY'23, but it remains on pace to meet enrollment expectations for FY'23.

The twelve diversion programs that had previously been funded through federal court contempt fines from the Trueblood decision have had fine funding withdrawn for FY'23. The federal court informed the programs to locate more sustainable sources of funding. Five of the programs found other sources of funding or closed, and seven of the programs received a one-year bridge appropriation from the Legislature. Funding for those seven programs is managed by HCA via contract with the seven programs. The seven programs that receive state funding through HCA contract are listed below:

1. Frontier Behavioral Health (Spokane)
 - a. Co-responder / Designated Crisis Responder services
 - b. Total contract amount: \$614,541
 - c. Fronter's Co-responder program provides mental health co-responder services to the Spokane City Police Department and coordinates with the Spokane County Jail and Community Court to increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program also provides in-reach services, certified peer counseling, and connection to additional behavioral health providers.
2. Comprehensive Healthcare (Yakima)
 - a. Collaborative Diversion program and Intensive Community Support programs
 - b. Total contract amount: \$1,292,645
 - c. Comprehensive's Collaborative Diversion program provides mental health co-responder and designated crisis response services to the Yakima Police Department, Yakima Sheriff's Office, and Union Gap Police. The Intensive Community Support program provides case management, behavioral health, and jail re-entry services to former, potential, and current Trueblood Class Members.
3. King County BHASO
 - a. Community House Mental Health Agency, Law Enforcement Assisted Diversion, Legal Intervention and Network of Care, and the Community Outreach and Advocacy Team programs

- b. Total contract amount: \$3,286,000
 - c. King County’s Trueblood Diversion programs aim to provide behavioral health and other services in community settings as an alternative to criminal legal involvement, which is likely to include forensic mental health services related to defendants’ competency to stand trial. These programs provide law enforcement and prosecutorial diversion, low-barrier behavioral health services, intensive case management, and supportive housing to former, potential, and current Trueblood Class Members.
4. Kitsap Mental Health Services
- a. Trueblood Diversion program
 - b. Total contract amount: \$616,067
 - c. Kitsap’s Trueblood Diversion program aims to bridge the divide between the behavioral health system and the criminal court system by providing re-entry services, certified peer counseling, care coordination, and housing support to former, potential, and current Trueblood Class Members.
5. Community Integrated Health Services (Formerly Great Rivers) (Chehalis)
- a. Trueblood Diversion program for Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails
 - b. Total contract amount: \$1,279,000
 - c. Community Integrated Health Services’ Trueblood Diversion Service program aims to reduce the demand for competency services, minimize the harm inflicted in the criminal court system, and provide services to individuals with behavioral health issues in the least restrictive environment. This program provides jail re-entry services, mental health services, certified peer counseling, and intensive case management within the Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum County Jails.
6. Greater Lakes Mental Health (Pierce County)
- a. Trueblood Diversion program
 - b. Total contract amount: \$1,184,653
 - c. Greater Lakes Mental Health Trueblood Diversion program diverts eligible individuals with behavioral health conditions from the criminal court system to longer-term treatment and supports. This program coordinates with the Pierce County Prosecuting Attorney’s Office and the Department of Assigned Counsel and provides linkage to community-based supports through clinical case management, mental health, and peer support services.

7. Catholic Charities of the Diocese of Yakima (program location is Chelan)
 - a. Co-responder Services and Jail Diversion
 - b. Total contract amount: \$1,013,924
 - c. Catholic Charities Diversion Crisis Response Services/Co-responder and Jail Diversion programs increase early identification and intervention for Trueblood Class Members and community members with mental health conditions and co-occurring disorders. This program serves those members indicated above who have contact with law enforcement and jails, by integrating mental health professionals into law enforcement response and jail-based services to deflect potential class members away from arrest and incarceration through designated crisis response, co-responder services, crisis intervention, jail screening and re-entry services, and care coordination.

A staff member at HCA manages the contracts and technical assistance to these diversion programs. Unless renewed in the upcoming 2023-2025 biennial budget, funding for these programs is expected to expire at the end of FY'23. To continue operations, these programs would need to locate alternative sources of funding. As of early 2023, one of the contracted diversion programs is expected to continue with recently secured county funds for FY'24; however, the other six programs do not have alternate funding sources.

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. BHA 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 spring and summer 2022, DSHS has taken several steps to alleviate staffing challenges. Steps taken included hiring more contractors and travel nurses, adding hiring recruitment resources to both WSH and ESH, especially to hire nurses, partnering with OFM to adjust pay ranges for certain positions, expanding our successful forensic evaluator training and recruitment post-doctoral program from three-to-five postdoctoral fellows this year, and engaging a successful demand to bargain with labor partners to allow for contract evaluations to take place until vacancies can be filled. For the contracted evaluators, OFMHS executed three contracts during this time and cases are being assigned to these individuals. During the second half of 2022, an additional five contracts were started to bring up the total number of contractors to eight. Regarding the postdoctoral fellowship program, five of the fellows submitted job applications for permanent positions and were hired as forensic evaluators in OFMHS. The program will begin recruitment for six more fellows in the next reporting period. Working toward implementing new policies and practices to attract and retain passionate, talented staff remains critical to success, and BHA has continued this critical focus through fall 2022 and into winter 2023.

National Staffing Crisis and Pandemic Staff Burnout

A new challenge is emerging in the department's efforts to operate restoration beds, and to open new restoration capacity that is currently nearing completion of construction. The nation as a whole faces an acute staffing crisis in healthcare. On May 23, 2022, the U.S. Surgeon General issued a press release summarizing a recent Surgeon General Advisory on the healthcare worker crisis:

Today, United States Surgeon General Dr. Vivek Murthy issued a new Surgeon General's Advisory highlighting the urgent need to address the health worker burnout crisis across the country. Health workers, including physicians, nurses, community and public health workers, nurse aides, among others, have long faced systemic challenges in the health care system even before the COVID-19 pandemic, leading to crisis levels of burnout. The pandemic further exacerbated burnout for health workers, with many risking and sacrificing their own lives in the service of others while responding to a public health crisis².

Washington state, and the facilities run by the department, are not immune to these challenges. The facilities providing restoration services are currently facing acute staffing shortages. As of early Dec. 31, 2022, vacancies in several critical BHA patient-centered job classes ranged from 30-40 percent. The ability to maintain current restoration capacity is at risk, and staffing new physical capacity is expected to be extremely challenging. To address this, the department is engaging several approaches:

1. Implemented hiring and retention incentives to keep current staff and attract new staff. The incentives are now being offered. While this is an important tool in addressing this crisis, other organizations in the private and public sphere are also using similar tactics, leading to an “arms race” in competing for the extremely limited pool of available people to hire. Additional pay raises that were previously funded became effective on July 1, 2022.
2. The department is using contract staff to fill critical vacancies and keep current capacity operating. While this is a short-term solution, the extreme cost of the contracted staff means that contract staff are not a sustainable long-term solution.
3. The department is also pursuing contract staff for vacant forensic evaluator positions. This has increased capacity for in-jail evaluations as well as assisted with completion of inpatient competency evaluations. The department requested increased evaluation staff in the 2023 legislative session and 17 positions were included over the next biennium in the governor’s proposed budget. Three contractors began seeing cases during this reporting period, which is helping the department to improve on jail-based evaluation timeframes.
4. The department has diversified staffing for certain functions, to use different types of credentials and staff to complete necessary work. For example, at WSH PhDs who are not licensed in Washington are working under a Washington regulatory scheme that allows them to work under supervision as an “agency affiliated counselor” to complete work within the civil center (not for class members). However, even with these efforts in place, there are simply not enough people in the nationwide employment pool. With healthcare providers across the industry facing critical shortages, those providers are engaged in similar mitigations and attempts to recruit from a limited pool of staff. Attracting new staff to department facilities often means that these staff are moving from other important mental

² <https://www.hhs.gov/about/news/2022/05/23/new-surgeon-general-advisory-sounds-alarm-on-health-worker-burnout-and-resignation.html>

health programs, which results in a “rob Peter to pay Paul” situation that leaves programs across the mental health system understaffed. This potentially includes and affects staffing for other Contempt Settlement Agreement programs. The department will continue with these efforts with the goal of ensuring that existing restoration capacity can operate, and that new capacity can open. However, the gravity of the current situation cannot be understated: If the available staffing does not improve, the department will not be able to keep existing beds open³.

³ Document 907-1. In Cassie Cordell *Trueblood*, et al., v. Washington State Department of Social and Health Services, et al. Case No. C14-1178 MJP, Trueblood Quarterly Implementation Status Report, June 2022, Filed June 16, 2022, pp. 4-6.

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.

Work continues to bring new beds online over the next several reporting periods as well as over the next several fiscal years. As COVID-19 restrictions decrease over time, the beds are expected to provide increased client benefit. Two additional 29-bed forensic units at WSH are nearing completion. These wards are projected to begin operations in May and June 2023, respectively; a new civil RTF facility (16 beds) at Maple Lane opened as of early April 2023, and a new NGRI (30 beds; late 2023 to early 2024) facility at Maple Lane is planned, which would free up additional ward space at WSH; planning continues for a three ward civil facility, of 16-beds each, run by DSHS in Clark County; and work continues on a Snohomish County civil RTF (16 beds) in partnership with the Tulalip Tribes and HCA. HCA continues work with Commerce to create 110 new beds statewide for 90- and 180-day civil commitments. Each of these new civil and NGRI bed projects would allow civil patients to obtain treatment closer to home while forensic Trueblood 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 is looking toward a potential completion of construction as early as 2027.

The major focus for OFMHS in the future is to work on reducing demand for all competency services through continued implementation of the Trueblood Contempt Settlement Agreement. The Forensic Navigator program initially 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 region. It also hired a supervisor for the King region 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 and implemented Phase 2 navigator services in the King region in January 2022.

During Q3 2022, OCRP programs continued planning for Phase 2 King region implementation of the Contempt Settlement Agreement. OCRP contracted with a provider to implement OCRP in the King region. Limited outpatient restoration services began in Q4 on Oct. 31, 2022. Additional program slots will become available as the contractor continues to hire and train additional staff. Every person identified as appropriate and subsequently ordered for restoration treatment in OCRP can access community resources and build or rebuild the community supports necessary to enable success post-restoration. Diverting people from inpatient hospital or RTF beds allows people with higher acuity to access those beds.

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 to provide services and prevent involvement in these systems. MCR provides timely interventions in the field 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. These programs pair ideally with Forensic Navigator services and with OCRP. FPATH, MCR, and FHARPS have already been working closely in the King region with their navigator counterparts. Now that OCRP has begun serving clients, the entire suite of Phase 2 programs will be able to serve clients together moving forward.

OFMHS management has worked with the union to create additional efficiencies for jail-based 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 took several months to implement. After implementation, evaluator workload on both sides of the state now matches. Further, an additional demand to bargain was completed in September 2022 allowing DSHS to contract both in-state and out-of-state forensic evaluators to assist with competency orders. Recent work to implement changes from the successful contract evaluations demand to bargain agreement continued into Q4 2022. On-time jail-based evaluation completions more than doubled in the last few months of 2022, and part of this success can be attributed to successful implementation of recent demand to bargains.

Department of Social and Health Services staff have strived to continue advancing transformative solutions to the forensic system in a safety and patient-centered care environment, despite the challenges induced by the historic pandemic. In addition to impacting our 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, the department continues to identify and implement creative solutions within its 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. DSHS continues this critical focus into 2023.

SUMMARY

The department continues work on impacting these five 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 the department's 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 moving toward the concluding months of Phase 2 implementation 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 as well as preparing to hit the ground running with Phase 3 implementation activities on July 1, 2023.