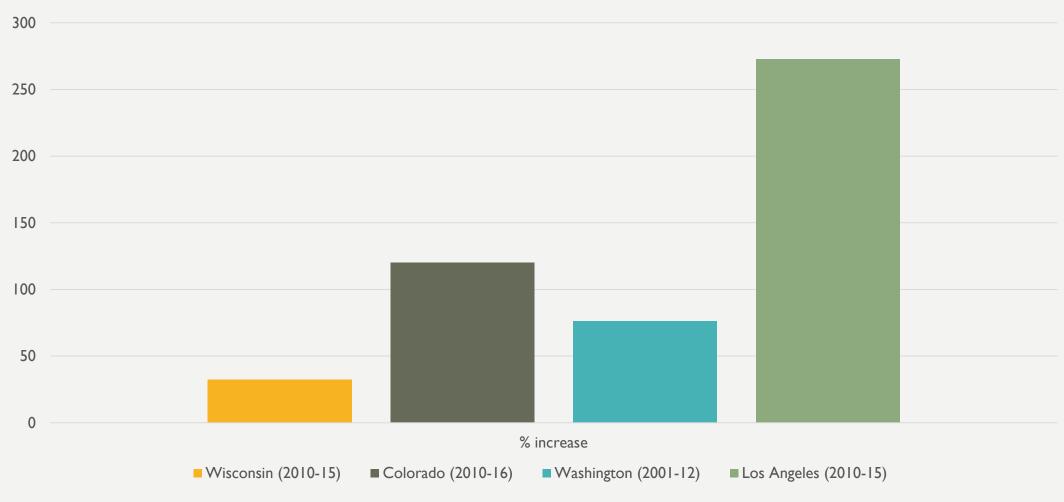
OUTPATIENT COMPETENCY RESTORATION— NATIONAL AND LOCAL EXAMPLES

NEIL GOWENSMITH, PHD UNIVERSITY OF DENVER

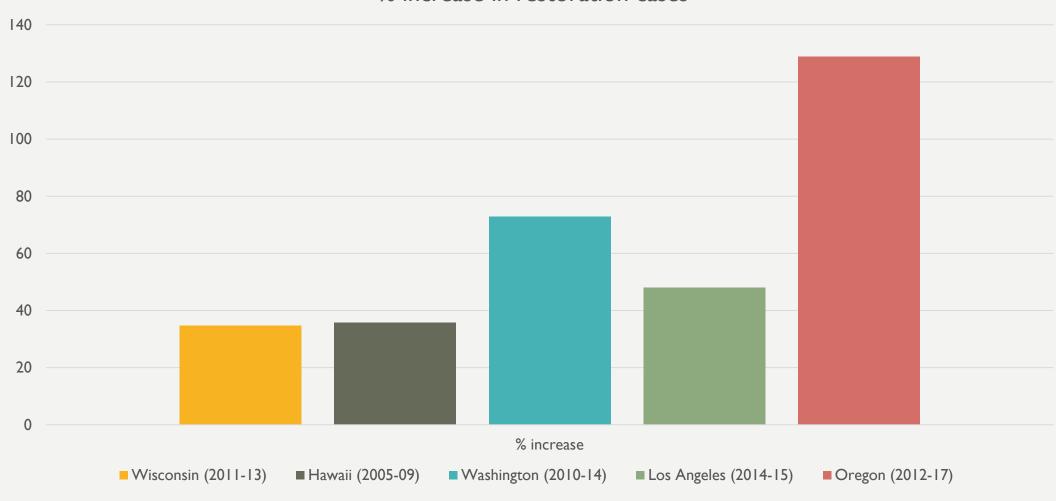
- Competency to Stand Trial (CST) evaluations
 - Most common forensic mental health evaluation for the criminal court
 - 10,000 18,000 per year in the US (Warren, Chuahan, Kois, Dibble & Knighton, 2013)





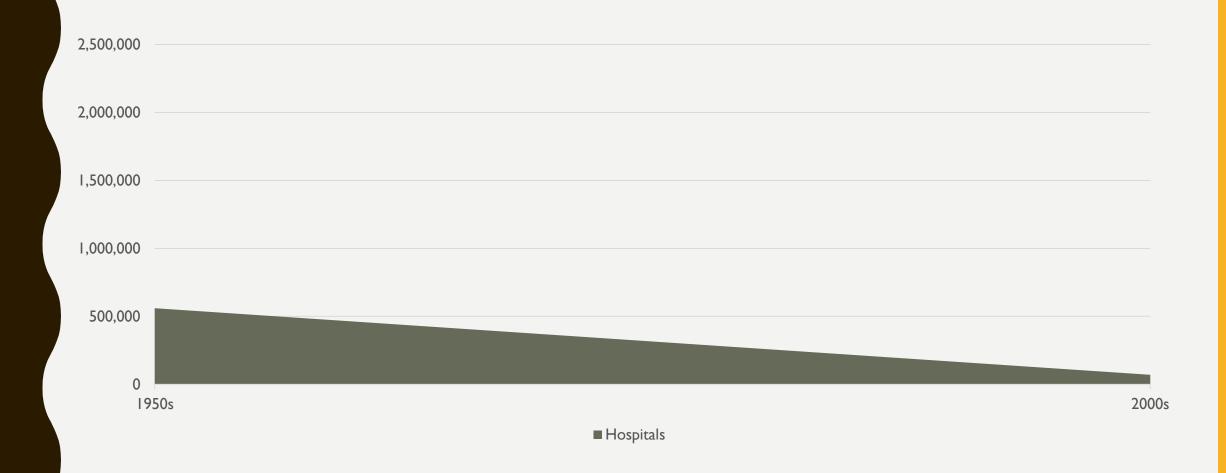
- Restoration of defendants adjudicated IST
 - "Competency restoration"
 - Also increasing dramatically
 - Largest proportion of forensic admissions to state hospitals
 - Forensic admissions up 375% from 1983 to 2012

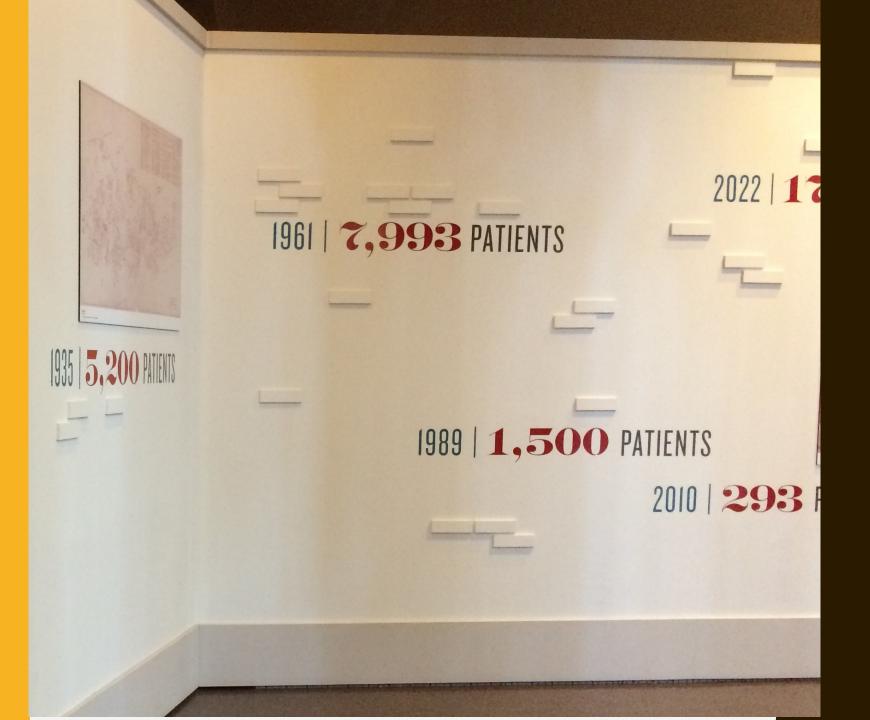




SO WHAT'S THE PROBLEM?

US STATE HOSPITAL POPULATION FROM 1950-PRESENT

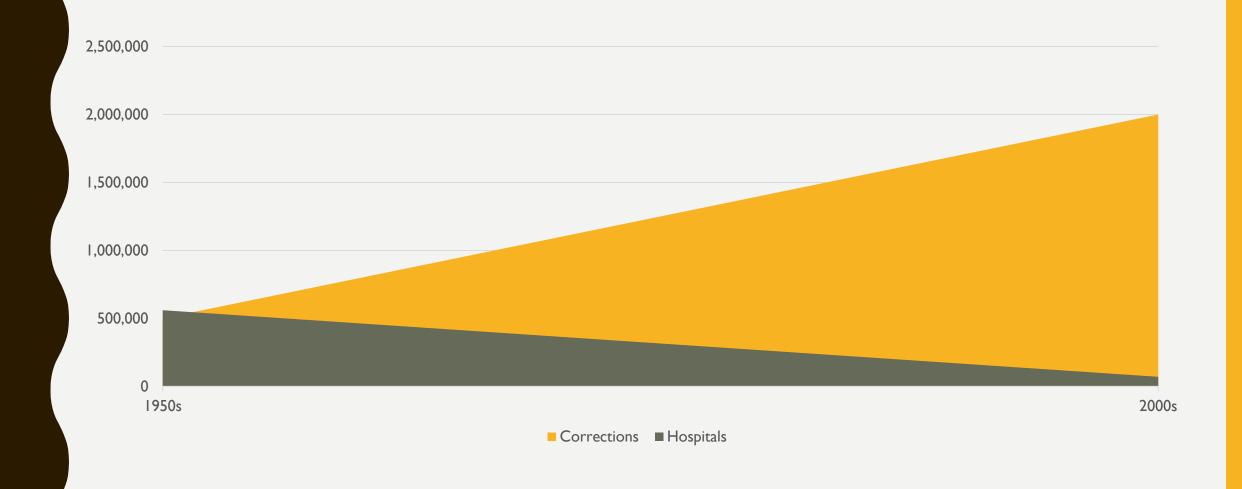




STATE HOSPITALS

An example from
St. Elizabeth's
Hospital in
Washington, DC

STATE HOSPITAL VS. JAILS / PRISON POPULATIONS FROM 1950-PRESENT



Long, Dangerous Wait for Hospital

Pennsylvania's Mentally III Spend Years in Jail

Without enough beds in mental facilities, Pennsylvania is forcing the

'mentally unfit' to stay locked up. One has become borderline catatonic

Without Trial or Treatment

SICK

waiting for help.

Pa.'s mentally ill inmates trapped in legal purgatory







Gallery: Dauphin County Prison 'We are the state hospital'

Beds for Those Incompetent to Stand Trial



By Scott Shafer OCTOBER 20, 2015

In 2010, Rodney Bock was arrested for carrying a loaded gun into a restaurant in Yuba City, north of Sacramento. Bock had severe mental illness and was later found incompetent to stand trial. He was released

No place to go: Inmates declared mentally unfit to stand trial languish in jails

BY CHRIS MCGUINNESS

It was 5:36 p.m. on Jan. 22, 2017, and Andrew Chaylon Holland was dead.

An official report details the bleak tableau that greeted a coroner's office investigator at the scene of the 36-year-old Atascadero resident's death: Holland was naked and his legs were in shackles. His body lay supine on the floor of an observation cell at the SLO County Jail. Adhesive pads from a portable defibrillator -evidence of the jail staff's efforts to revive him-were still on his chest.

Holland died less than an hour after spending nearly two days in a restraint chair, where he'd been placed for his own safety after the jail's correctional deputies saw him attempting to harm himself. According to the coroner's report, Holland was in the chair from 6:55 p.m. on Jan. 20 until 4:43 p.m. on Jan. 22. During that time, he'd refused food and water. Soon after he was released from the chair, a video feed from the observation cell showed Holland lying on his back. By 5:02 p.m., he appeared to have trouble breathing. By 5:08 p.m., Holland appeared to have stopped moving, the report states.

An autopsy later determined that Holland's death was caused by a blood clot in one of his lungs. According to the National Institute of Health,



FORENSIC WAITLISTS: RSA AND USA REALITIES

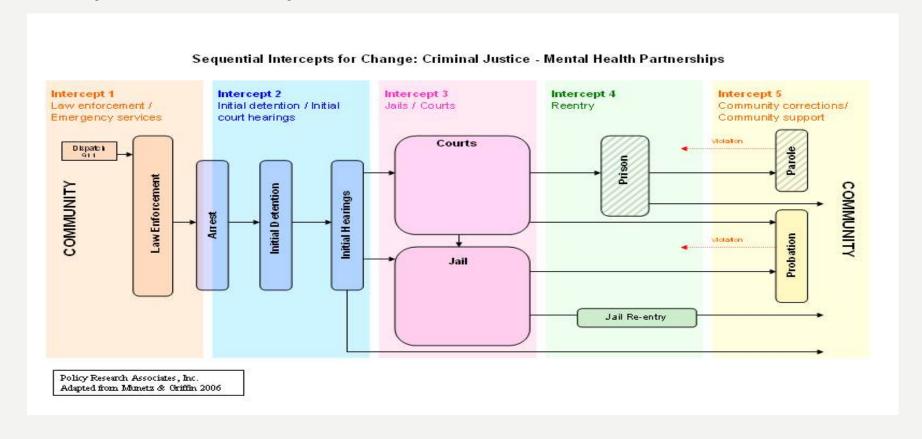
Year	Jurisdiction	Avg.Wait Length	Outcome	Time Limit?
2002	E.D.Ark.	Admit: "Over 8 months"	Settlement	Eval: 72 hrs Admit: Depends
2010	E.D. La.	Admit: 161 days	Consent Decree	Eval: 5 days Admit: 30 days
2011	D. Colo.	Eval: 51.6 days Admit: 32.5 days	Settlement	Eval: 28 days Admit: 28 days
2015	W.D.Wash.	Eval: 30.6 days Admit: 29.8 days	Permanent Injunction	Eval: 7 days Admit: 7 days
2015	M.D. Pa.	Admit: 162 days	Settlement	Not Yet Determined
2015	D. Utah	180 days (alleged)	Pending	Pending

Terry v. Hill, 232 F.Supp.2d 934 (E.D. Ark. 2002); Advocacy Ctr. v. Louisiana Dep't of Health & Hosps., 731 F. Supp.2d 583 (E.D. La. 2010); Ctr. for Legal Advocacy v. Bicha, No. 11-cv-02285-BNB (D. Colo. 2011); Trueblood v. Washington State Dep't of Soc. & Health Servs., No. C14-1178MJP, 2015 WL 1526548 (W.D. Wash. Apr. 2, 2015); J.H. v. Dallas, No. 1:15-cv-02057-SHR (M.D. Pa. 2015); Disability Law Ctr. v. Utah, No. 2:15-cv-00645-RJS, 2015 WL 5258692 (D. Utah 2015).

SOLUTIONS?

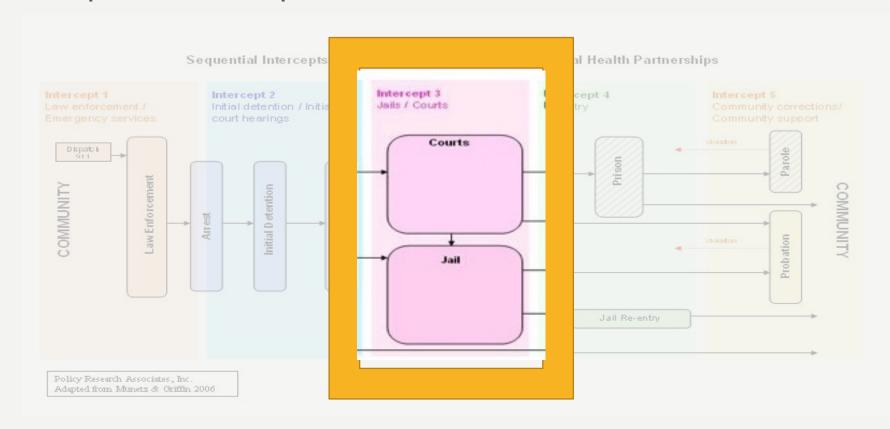
• Alternatives to the traditional criminal justice process

- Alternatives to the traditional criminal justice process
 - Sequential Intercept Model (Munetz & Griffin, 2006)



- Alternatives to the traditional criminal justice process
 - Sequential Intercept Model (Munetz & Griffin, 2006)
 - Crisis Intervention Training
 - Pre- and post-booking jail diversion
 - Diversion facilities
 - Mental Health / Wellness / Behavioral Health Courts
 - Informed community corrections practices

- Alternatives to the traditional criminal justice process
 - Sequential Intercept Model (Munetz & Griffin, 2006)



OUTPATIENT COMPETENCY RESTORATION PROGRAMS

OCRPs - A NATIONAL REVIEW

Outpatient Competency Restoration Programs (OCRPs)

Psychology, Public Policy, and Law 2016, Vol. 22, No. 3, 293–305

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Lookin' for Beds in All the Wrong Places: Outpatient Competency Restoration as a Promising Approach to Modern Challenges

W. Neil Gowensmith University of Denver

Lynda E. Frost University of Texas at Austin

Danielle W. Speelman and Danielle E. Therson University of Denver

In response to consistently increasing numbers of individuals found incompetent to stand trial, some states have identified community-based or "outpatient" competency restoration programs (OCRPs) as a viable alternative to inpatient restoration. This study used a multistep approach to capture information about OCRPs nationwide. We reviewed states' competency statutes to determine which states have provisions that allow for outpatient competency restoration, and we then corroborated this review with

OCRPs - A NATIONAL REVIEW

- Outpatient Competency Restoration Programs (OCRPs)
- As of 2014:
 - Only 7 states have statutes that specifically exclude the possibility of outpatient restoration
 - 15 states offered "informal" outpatient restoration
 - 16 states offered formal outpatient restoration programs
 - 6 states offered both formal and informal restoration

No two OCRPs were exactly alike

OCRPs – A NATIONAL REVIEW

- Size and longevity of OCRPs
 - Most were less than 10 years old (n=11)
 - Most new programs served fewer than 50 defendants per year
 - Texas and Virginia were the exceptions
 - Veteran programs served more than 50 defendants per year
 - Florida is one of the largest
 - Composed of several county-specific programs
 - Start small and expand as success builds

OCRPs - A NATIONAL REVIEW

Demographics of OCRP participants

- Mirror local correctional and mental health populations
 - Mostly male, younger, urban, and ethnic minority identification
- Mostly misdemeanor / non-violent felony charges

Clinical status of OCRP participants

- 2/3 IST due to psychiatric diagnosis (typically psychosis, bipolar)
- I/3 IST due to intellectual disability, cognitive disability
- Most OCRPs require clinical stability / med adherence

OCRPs - A NATIONAL REVIEW

- Admission procedures
 - All require court authorization
 - Typically from specific courts with specialization in MH / competency
 - Most participants were referred from state hospitals
 - Smaller subset referred directly from court or jail
 - Some states operate jail-based competency restoration
 - Not the focus of this presentation

OCRPs – A NATIONAL REVIEW

Agencies overseeing OCRPs

- All OCRPs received state government funding (state MH department)
- Most utilized state resources for service provision (n=11)
 - Some utilized privately-contracted providers (n=5)
 - State programs had larger staffs, more wraparound and ancillary services, oversight

Location, staffing, scope of OCRP services

- Community settings for service provision
 - Mental health centers, day hospital, group homes
- Disciplines of providers: mostly early to mid-level professionals
- Scope: some programs offer housing, case management, substance use tx

OCRPs - A NATIONAL REVIEW

Juvenile OCRPs

- Emerging data not yet published (2017 survey)
 - 14 juvenile programs from 11 states
 - New (10 of 14 programs less than ten years old)
 - Serve more defendants (mean = 137 per year)
 - Services often offered in homes
 - Mostly individual sessions
- In general, juvenile services are more individualized than those in adult OCRPs

OCRPs - A NATIONAL REVIEW

Results / Outcomes

- Competency restoration rates
 - 70.3% restoration rate
 - III days on average to restoration (excluding CA and LA)
 - Slightly lower restoration rate and longer LOS than inpatient programs
- Public safety
 - No rearrests or serious violence reported
 - 16.7% "negative incident rate" rule violation, rehospitalization, etc.
- Financial savings
 - \$215 average daily OCRP cost
 - Compare to \$600 average daily inpatient cost

FUTURE DIRECTIONS

POTENTIAL SETTINGS

- Active development
 - Washington
 - Currently developing network of OCRPs around the state
 - Colorado
 - Currently developing RFP for OCRP providers
- Potential development
 - Alabama, Pennsylvania, others??

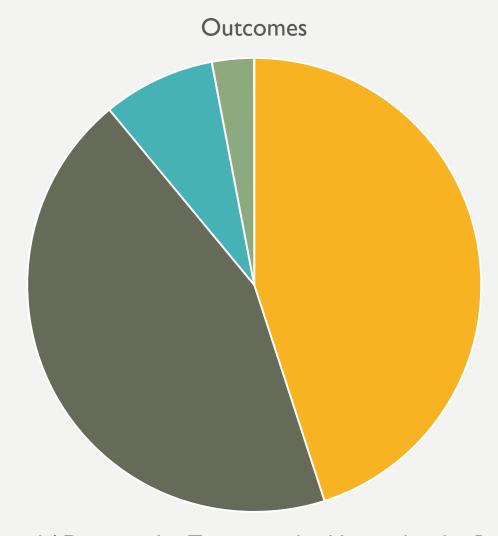
- University of Denver's OCRP
 - Managed and operated jointly:
 - Graduate School of Professional Psychology
 - Masters of Forensic Psychology program
 - DU's Forensic Institute for Research, Service, and Training (Denver FIRST)
 - Benefits of university location
 - Training and mentorship mission
 - Utilization of graduate psychology students for service provision
 - Low to no-cost services
 - Strong program evaluation and resources

University of Denver's OCRP

Launched summer 2016

73 participants

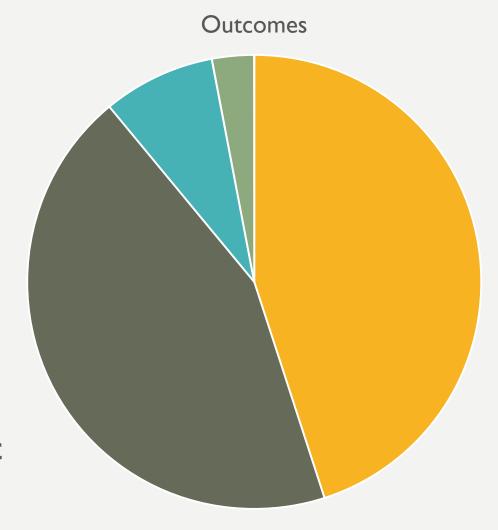
University of Denver's OCRP
 Launched summer 2016
 73 participants



■ Restored / Dismissed ■ Terminated ■ Hospitalized ■ Rearrested

University of Denver's OCRP
 Launched summer 2016
 73 participants

Challenges with largely indigent population at a low-cost free clinic

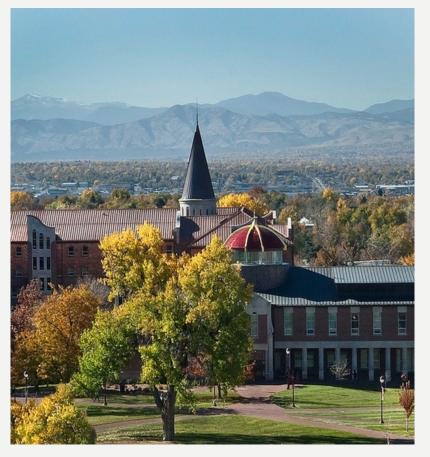


THANK YOU!

For more information:

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Denver FIRST (Forensic Institute for Research, Service and Training)







Denver FIRST

The Denver Forensic Institute for Research, Service, & Training