OUTPATIENT COMPETENCY RESTORATION—NATIONAL AND LOCAL EXAMPLES

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SCOPE OF THE PROBLEM
SCOPE OF THE PROBLEM

• 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)
SCOPE OF THE PROBLEM

% increase in CST evaluations

- Wisconsin (2010-15)
- Colorado (2010-16)
- Washington (2001-12)
- Los Angeles (2010-15)
SCOPE OF THE PROBLEM

• 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
SCOPE OF THE PROBLEM

% increase in restoration cases

- Wisconsin (2011-13)
- Hawaii (2005-09)
- Washington (2010-14)
- Los Angeles (2014-15)
- Oregon (2012-17)
SO WHAT’S THE PROBLEM?
STATE HOSPITALS

An example from St. Elizabeth’s Hospital in Washington, DC
STATE HOSPITAL VS. JAILS / PRISON POPULATIONS FROM 1950-PRESENT

Corrections
Hospitals
Pennsylvania’s Mentally Ill Spend Years in Jail Without Trial or Treatment

Without enough beds in mental facilities, Pennsylvania is forcing the ‘mentally unfit’ to stay locked up. One has become borderline catatonic waiting for help.

By Scott Shafer
October 20, 2015

Long, Dangerous Wait for Hospital Beds for Those Incompetent to Stand Trial

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 from the jail to a state hospital in one year.

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

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 5:06 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, one in four patients dying in the U.S. while incarcerated is a victim of suicide.

Click to enlarge
## Forensic Waitlists: RSA and USA Realities

<table>
<thead>
<tr>
<th>Year</th>
<th>Jurisdiction</th>
<th>Avg. Wait Length</th>
<th>Outcome</th>
<th>Time Limit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>E.D. La.</td>
<td>Admit: 161 days</td>
<td>Consent Decree</td>
<td>Eval: 5 days Admit: 30 days</td>
</tr>
<tr>
<td>2011</td>
<td>D. Colo.</td>
<td>Eval: 51.6 days</td>
<td>Settlement</td>
<td>Eval: 28 days Admit: 28 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admit: 32.5 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>W.D. Wash.</td>
<td>Eval: 30.6 days</td>
<td>Permanent Injunction</td>
<td>Eval: 7 days Admit: 7 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admit: 29.8 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>M.D. Pa.</td>
<td>Admit: 162 days</td>
<td>Settlement</td>
<td>Not Yet Determined</td>
</tr>
<tr>
<td>2015</td>
<td>D. Utah</td>
<td>180 days (alleged)</td>
<td>Pending</td>
<td>Pending</td>
</tr>
</tbody>
</table>

SOLUTIONS?
SCOPE OF THE PROBLEM

• Alternatives to the traditional criminal justice process
SCOPE OF THE PROBLEM

• Alternatives to the traditional criminal justice process
  – Sequential Intercept Model (Munetz & Griffin, 2006)
SCOPE OF THE PROBLEM

• 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
SCOPE OF THE PROBLEM

• 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)

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

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University of Texas at Austin

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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)
  - 1/3 IST due to intellectual disability, cognitive disability
  - Most OCRPs require clinical stability / med adherence
• **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
    • 111 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??
OCRPs – AN INNOVATIVE OPTION?

• 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
OCRPs – AN INNOVATIVE OPTION?

• University of Denver’s OCRP
  Launched summer 2016
  73 participants
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Outcomes

- Restored / Dismissed
- Terminated
- Hospitalized
- Rearrested
OCRPs – AN INNOVATIVE OPTION?

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

Outcomes

- Restored / Dismissed
- Terminated
- Hospitalized
- Rearrested
THANK YOU!

For more information:
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Denver FIRST (Forensic Institute for Research, Service and Training)