

Outpatient Competency Restoration Program annual report

Trueblood program

Second Substitute Senate Bill 5664; Section 8(1-4); Chapter 288; Laws of 2022

November 1, 2023

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Executive summary

Second Substitute Senate Bill (2SSB) 5664 (2022) created various forensic competency restoration programs provisions. This legislation became effective on June 9, 2022, and requires that HCA provide an annual report related to the Outpatient Competency Restoration Program (OCRCP):

The authority shall report annually to the governor and relevant committees of the legislature, beginning November 1, 2022, and shall make the report public.

This report provides program successes and challenges, as well as specific data requested in 2SSB 5664, to include:

- Number of people served by outpatient competency restoration programs and in what location,
- Lengths of stay in outpatient competency restoration programs,
- Outcomes of people whose participation in an outpatient competency restoration program were terminated before the completion of the program, and
- Number of people revoked from an outpatient competency restoration program into an inpatient competency restoration program, to include:
 - How many days they spent in outpatient competency restoration treatment, and
 - Whether the restoration programs resulted in a competent finding to stand trial or another outcome.

Outpatient Competency Restoration Program (OCRP)

The Trueblood v. DSHS lawsuit challenged unconstitutional delays in competency evaluation and restoration services for individuals detained in city and county jails. The Trueblood Settlement of Contempt Agreement establishes a plan for providing services to people involved in the criminal court system and providing treatment to people when needed so they are less likely to become involved in the criminal court system.

OCR programs were a product of the Trueblood Settlement of Contempt Agreement, to help people charged with a crime, who have been found incompetent to stand trial, to access restoration services within their chosen communities. This is done by providing restoration services in a community-based setting, rather than an inpatient restoration setting. Providing care in the least restrictive environment is essential because it can reduce wait times for restoration, is less detrimental to the lives of individuals, as inpatient treatment can compromise housing, employment, and other responsibilities, and can act as a cost-efficient alternative to inpatient care. OCRP services address barriers to competency that are identified in each person's competency evaluation.

2SSB 5664 requires HCA to provide an annual report that outlines specific data related to OCR programs in Washington. This data refers to enrollment, revocation, removal, and discharge from an OCR program. Additionally, the data provided in this report outlines the number of program participants and the outcomes of people who have been removed from an OCR program and then admitted into inpatient treatment.

Background

Due to the relatively small number of people enrolled in OCR programs, which have been operating for ten years or less, and to protect the privacy of those enrolled, all information provided is cumulative between July 2020 and June 2023.

Findings

Table 1: Status of OCRP individuals in Phase 1 and 2 regions, July 2020–June 2023¹

Status	All regions	Pierce	Southwest	Spokane	King
Discharged	120	--	--	--	--
Active	32	--	--	--	--
Total enrolled	152	45	60	35	12

Note: Phase 1 regions, as determined by the Trueblood Settlement of Contempt Agreement, are Pierce Region (Pierce County), Southwest Region (Clark, Klickitat, and Skamania counties), and Spokane Region (Spokane, Adams, Ferry, Lincoln, Pend Oreille, and Stevens counties). Phase 2 region is King County.

Cells with '--' are suppressed to protect confidentiality.

¹ Data source: Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA), data submitted by each contracted OCRP team to the Health Care Authority (HCA) via Navigator Case Management (NCM) System

Table 2: OCRP average length of stay among OCRP individuals discharged, July 2020–June 2022¹

Days	
OCRP average length of stay in program	71

Note: The average (mean) length of stay, from the most recent OCRP enrollment date to OCRP discharge date, among individuals discharged. Leaves of absence from the program are excluded.

Table 3: OCRP individuals with revoked conditional release, July 2020–June 2023¹

Inpatient treatment	Revoked
No	8
Yes	25
Total	33

Thirty-three individuals who enrolled in and were discharged from an OCRP had a “revoked conditional release.” Of these, 25 individuals were admitted to a state hospital or residential treatment facility (RTF) under the same cause number (cause number refers to the number assigned to any open case by the Clerk of Courts office and relates to a particular court when that court has brought an action to a person).

Note: Of the 120 people discharged from OCRP in the period, 33 (28 percent) had their conditional release revoked.

Table 4: OCRP average length of stay among OCRP individuals revoked, July 2020–June 2022*¹

Days	
OCRP average length of stay	39.2

Among the 25 individuals admitted for inpatient treatment, the average length of stay in an OCRP was 39 days (excludes leaves of absence recorded while in the program).

*Among individuals whose conditional release was revoked and subsequently entered inpatient treatment at a state hospital or RTF.

Table 5: Inpatient average length of stay among OCRP individuals revoked, July 2020–June 2022*¹

Days	
Inpatient average length of stay	77.3

Nineteen of the 25 OCRP individuals admitted for inpatient treatment following OCRP were discharged from inpatient services after an average length of stay of 77 days (includes time in the inpatient facility while still on the Outpatient Competency Restoration (OCR) order).

*Among individuals discharged from inpatient services.

Table 6: Competency finding for OCRP individuals discharged from inpatient treatment, July 2020–June 2023¹

Competency finding	Total
Competent	12
Not competent	7
Total	19

Of the 19 individuals discharged from inpatient treatment, 12 were found competent.

Conclusion

The OCRP went live on July 1, 2020. For an out-of-custody program operating for 10 or fewer years, the OCR program met national averages in 2022. In partnership with DSHS, HCA conducted outreach to various court partners and other stakeholders during Phase 1 and Phase 2 of the settlement agreement to increase knowledge of the various programs and willingness to engage and utilize OCRP. This outreach has created success by increasing knowledge and use of OCRP. As the program utilization increases, OCR programs will strive to meet Washington's demand for out-of-custody competency restoration services. In 2022, OCR programs in our state met national standards for out-of-custody restoration programs operating for 10 or fewer years by serving approximately 50 people. HCA aspires to continue to meet and exceed national averages for similar programming as the OCRP expands within the Trueblood phased regions.

Simultaneously, OCRP providers have developed additional housing resources in their regions. These resources provide people enrolled in an OCRP additional stability, increasing willingness for court partners to order a person into an OCRP. This report will be completed by HCA and submitted to the Legislature annually. When available, this report will consist of annual numbers, rather than cumulative.

Appendices

Appendix A: OCRP one-pager

[View the one pager online.](#)

Appendix B: Resources and legislation related to Trueblood et. al. vs Washington State Department of Social and Health Services

[View the resources and legislation online.](#)

Appendix C: Semi-annual report, published September 2023

[View the semi-annual report online.](#)

Appendix D: Monthly progress report for court monitor

[View monthly progress reports online.](#)

Appendix E: Groundswell report

[View the Groundswell report online.](#)