

Outpatient Competency Restoration Program annual report

Trueblood program

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

November 1, 2022

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Acknowledgements

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Table of contents

Executive summary.....	4
Outpatient Competency Restoration Program (OCRP)	5
Background.....	5
Findings	5
Table 1: Status of OCRP individuals in Phase 1 regions, July 2020–June 2022	5
Table 2: OCRP length of stay among OCRP individuals discharged, July 2020–June 2022 ¹	6
Table 3: OCRP individuals with revoked conditional release, July 2020–June 2022 ¹	6
Table 4: OCRP length of stay among OCRP individuals revoked, July 2020–June 2022* ¹	6
Table 5: Inpatient length of stay among OCRP individuals revoked, July 2020–June 2022* ¹	6
Table 6: Competency finding for OCRP individuals discharged from inpatient treatment, July 2020–June 2022 ¹	7
Conclusion	8
Appendices.....	9
Appendix A: OCRP one-pager	9
Appendix B: Resources and legislation related to Trueblood et. al. vs Washington State Department of Social and Health Services.....	9
Appendix C: Semi-annual report, published September 2022	9
Appendix D: Monthly progress report for court monitor	9
Appendix E: Groundswell report	9

Executive summary

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

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 (2022), to include:

- The number of people who are being served by outpatient competency restoration programs and in what location.
- The lengths of stay in outpatient competency restoration programs.
- The:
 - Number of people who are revoked from an outpatient competency restoration program into inpatient treatment.
 - Outcomes of other people, if any, whose participation in an outpatient competency restoration program were terminated before the completion of the program.
- For the people who were revoked from an outpatient competency restoration program into an inpatient competency restoration program, how many days they spent in outpatient competency restoration treatment, and whether the restoration programs resulted in a finding of competent to stand trial or another outcome.

Outpatient Competency Restoration Program (OCRP)

The OCRP helps people charged with a crime restore competency in a community-based setting, rather than an inpatient restoration setting. OCRP services address barriers to competency that are identified in each person’s competency evaluation and assessed upon admission to the OCRP.

2SSB 5664 (2022) requires HCA to provide an annual report that outlines specific data related to the OCRP. This data relates to enrollment in, revocation or removal from, and discharge from the OCRP. Additionally, the data provided in this report outlines the number of people and the outcomes as they relate to the people who have been removed from the OCRP and admitted into inpatient treatment.

Background

Due to the low enrollment into the OCRP, all information provided is cumulative between July 2020 and June 2022.

- Table 1 addresses the number of people who are being served by outpatient competency restoration programs and in what location.
- Table 2 addresses the length of stay of people in outpatient competency restoration programs.
- Table 3 addresses the number of people who are revoked from an outpatient competency restoration program into inpatient treatment, and the outcomes of other people, if any, whose participation in the OCRP were terminated before the completion of the program.
- Tables 4, 5, and 6 address people who were revoked from an outpatient competency restoration into an inpatient competency restoration program, how many days they spent in outpatient competency restoration treatment, and whether the restoration programs resulted in a finding of competent to stand trial or another outcome.

Findings

Table 1: Status of OCRP individuals in Phase 1 regions, July 2020–June 2022¹

Status	All regions	Pierce	Southwest	Spokane
Discharged	55			
Active	11			
Total enrolled	66	25	23	18

Note: Phase 1 regions, as determined by the Trueblood settlement 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).

¹ Data source: Department of Social and Health Services (DSHS) Research and Data Analysis Division (RDA), OCRP interim Excel trackers submitted by each contracted OCRP team to the Health Care Authority (HCA)

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

Days	
Average OCRP length of stay in program	69

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 2022¹

Inpatient treatment	Revoked
No	3
Yes	11
Total	14

Fourteen individuals enrolled in and discharged from an OCRP had a “revoked conditional release.” Of these, 11 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 55 people discharged from OCRP in the period, 14 (25.5 percent) had their conditional release revoked.

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

Days	
OCRP length of stay	47.2

Among the 11 individuals admitted for inpatient treatment, the average length of stay in an OCRP was 47 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 length of stay among OCRP individuals revoked, July 2020–June 2022*¹

Days	
Inpatient length of stay	76.5

Ten of the 11 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 2022¹

Competency finding	Total
Competent	6
Not competent	4
Total	10

Of the 10 individuals discharged from inpatient treatment, six were found competent.

Conclusion

The OCRP went live on July 1, 2020, and the program has since experienced relatively low numbers of people who have been court-ordered and enrolled. As a result, HCA in partnership with DSHS, has conducted outreach to various court partners and other stakeholders within the regions where Trueblood services are available to increase knowledge of the various programs and willingness to engage and utilize the OCRP. This outreach has created program success by increasing knowledge and use of the OCRP.

Separately, OCRP providers have developed additional housing resources in their regions to provide people enrolled in the OCRP with a housing resource to create additional stability and for court partners to increase willingness to order a person into the OCRP. This report will be completed by HCA and submitted to the Legislature on an annual basis. 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 2022

[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.](#)