Washington State Health Care Authority

Report to the Legislature

Outpatient Competency Restoration Program annual report

Trueblood program

Second Substitute Senate Bill 5664; Section 8; Chapter 288; Laws of 2022

November 1, 2024

Outpatient Competency Restoration Program annual report

Acknowledgements

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Washington State Health Care Authority
Division of Behavioral Health and Recovery
P.O. Box 42704
Olympia, WA 98504-2704
Phone: (844) 284-2148
Fax: (360) 507-9068
hca.wa.gov

DSHS Washington State Department of Social and Health Services
Washington State Department of Social and Health Services
P.O. Box 45050
Olympia, WA 98504-5050
Phone: (360) 725-2260
Fax: (360) 407-0304
dshs.wa.gov

Table of contents

Executive summary

Second Substitute Senate Bill (2SSB) 5664 (2022) created provisions to forensic competency restoration programs. The 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, 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 finding of competent 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 for providing treatment to people so that they are less likely to become involved in the criminal court system.

OCRP was a product of the Trueblood Settlement of Contempt Agreement, with the goal of helping 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 services in the least restrictive setting is important because it can reduce wait times for restoration, it is less likely to compromise housing, employment, and other social determinants of health, and it can act as a cost-efficient alternative to inpatient restoration. OCRP services address barriers to competency that are identified in each person's competency evaluation and during ongoing services.

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

Background

Due to the relatively small number of people who are enrolled in OCRP, to protect the privacy of people who are enrolled, all information provided is cumulative between July 2020 and June 2024.

Findings

Table 1: Status of OCRP individuals in Phase 1 and 2 regions, July 2020–June 2024[1]

Status	All regions	Pierce	Southwest	Spokane	King
Discharged	202	--	--	--	31
Active	41	--	--	--	18
Total enrolled	243	70	76	48	49

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 due to low numbers

[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 2024[1]

	Days
OCRP average length of stay in program	78

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 2024[1]

Inpatient treatment	Revoked
No	11
Yes	44
Total	55

Fifty-five individuals enrolled in and discharged from an OCRP had a "Revoked Conditional Release" during the reference period. Of these, 44 individuals subsequently entered a State Hospital or Residential Treatment Facility 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).

Table 4: OCRP average length of stay among OCRP individuals revoked, July 2020–June 2024*[1]

	Days
OCRP average length of stay	36

Among the 44 individuals admitted for inpatient treatment in the reference period, the average length of stay in an OCRP program was 36 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 2024*[1]

	Days
Inpatient average length of stay	83.67

35 of the 44 OCRP individuals admitted for inpatient treatment following OCRP were discharged from inpatient services after an average length of stay of 83 days

*Among individuals discharged from inpatient services.

Table 6: Competency finding for OCRP individuals discharged from inpatient treatment, July 2020–June 2024[1]

Competency finding		Total
Competent		23
Not competent		12
Total		35

Of the 35 individuals discharged from inpatient treatment, 23 were found competent.

Conclusion

Outpatient competency restoration is a cost-efficient alternative to inpatient restoration, reduces inpatient wait times, and is less likely to compromise housing, employment, and outpatient behavioral health treatment. HCA, in partnership with DSHS, is working to ensure that OCRP is a strongly utilized option for courts. These efforts include identifying and reducing barriers to OCRP, conducting educational outreach to courts, and enhancing program resources.

To reduce housing-related barriers to OCRP, HCA supported the King County OCRP provider, Community House Mental Health Agency, with opening two transitional houses that can serve up to thirteen people enrolled in OCRP and provide in-home competency restoration programming and care coordination. OCRP transitional housing is a newer service delivery model, but Community House reports that participants are benefiting from the stability provided by this type of housing support and the ease of access to services. The HCA will continue to work with OCRP providers to expand viable housing options for people enrolled in OCRP and address other identified barriers to OCRP.

One of OCRP's initial challenges was meeting the high demand for outpatient restoration. HCA worked with providers to improve staff retention and enhanced fiscal year 2024 funding as directed by E2SSB 5440. For the King County provider, Community House, the HCA increased staffing and programmatic capacity through contract amendments. The programs in Pierce, Southwest, and Spokane regions successfully maintained adequate space for every person recommended for OCRP throughout fiscal year 2024. The was largely due to hiring and retention of OCRP staff in each region. Additionally, since January 2024, Community House successfully maintained adequate space for people recommended to OCRP in King County.

Lastly, as a part of the Phase 3 Implementation Plan, HCA worked to geographically expand the Settlement Agreement Elements to the Thurston-Mason and Salish (Clallam, Jefferson, and Kitsap counties) Regions. By March 2024, HCA executed contracts with Olympic Health & Recovery Services in the Thurston-Mason region and Kitsap Mental Health Services in the Salish region to provide OCRP services. HCA is working with these providers on program implementation activities including staff onboarding, training, and coordination with other Settlement Agreement Elemental programs.

This report will continue to 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 2024

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.