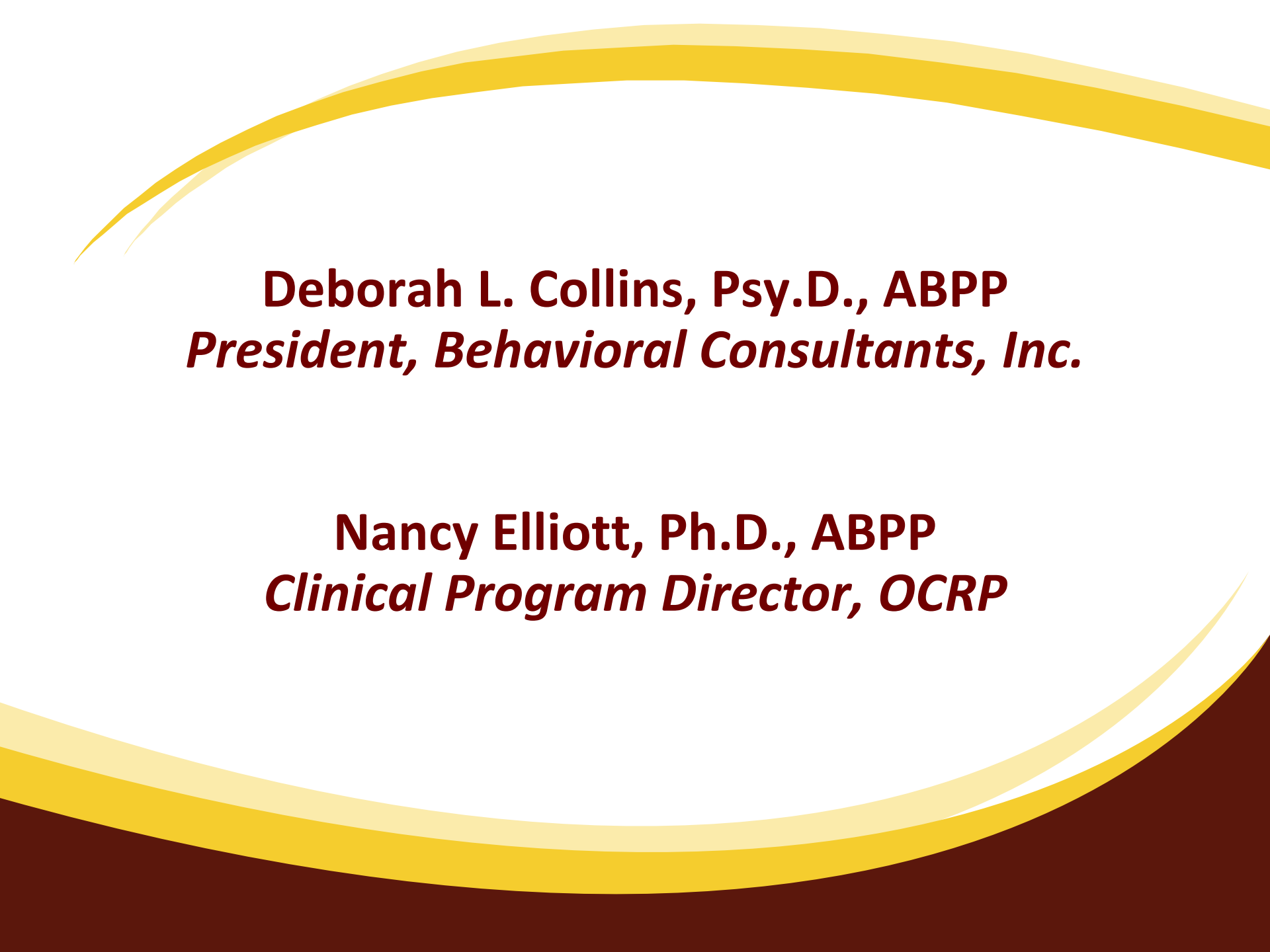


# **The Outpatient Competency Restoration Program**

## **An Overview for Defense Counsel**

**November 8, 2012**

*Wisconsin Public Defenders' Annual Criminal Defense Conference*



**Deborah L. Collins, Psy.D., ABPP**  
***President, Behavioral Consultants, Inc.***

**Nancy Elliott, Ph.D., ABPP**  
***Clinical Program Director, OCRP***

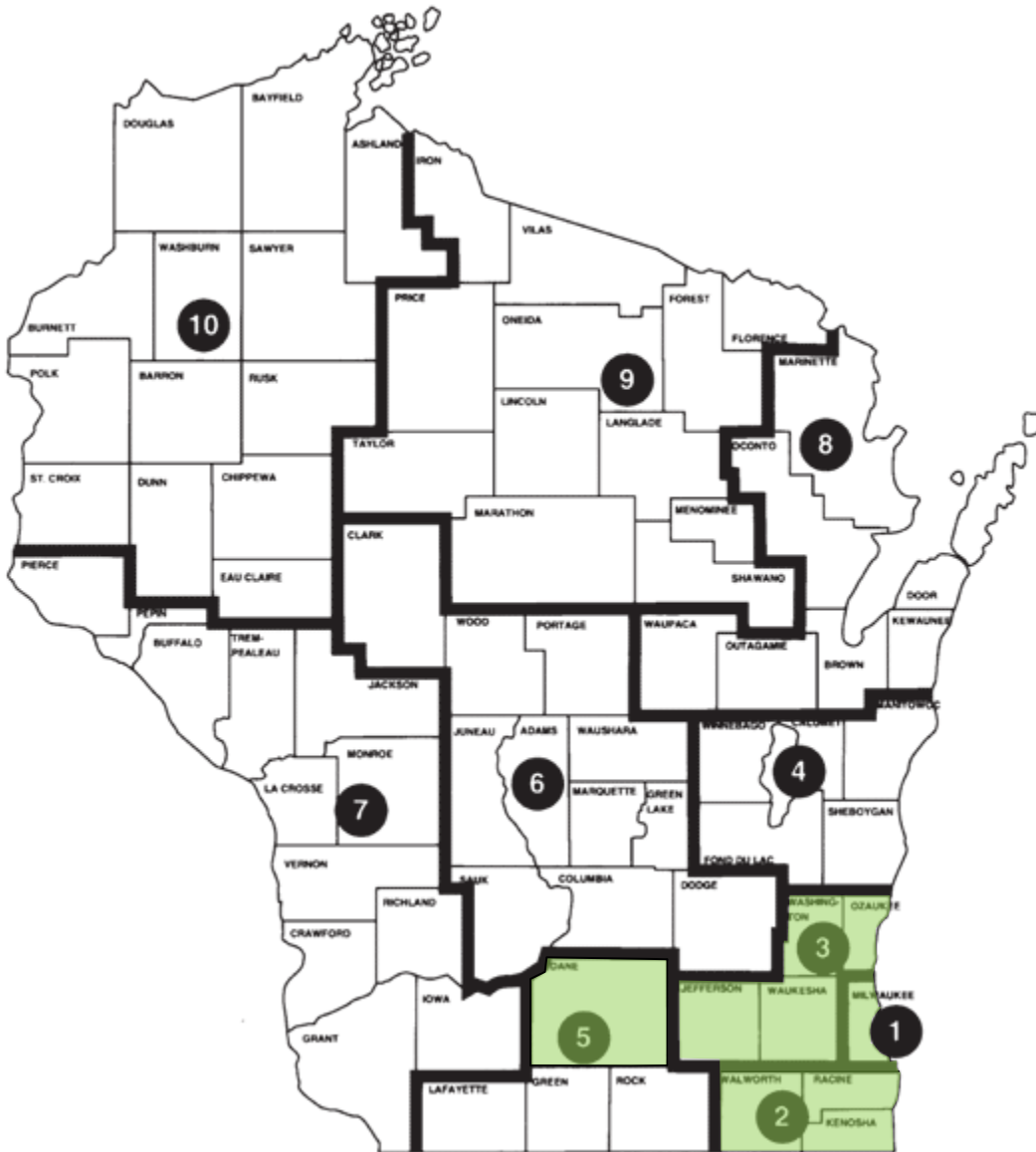
## **A Brief History**

**The Outpatient Competency Restoration Program (OCRCP) officially began in 2008.**

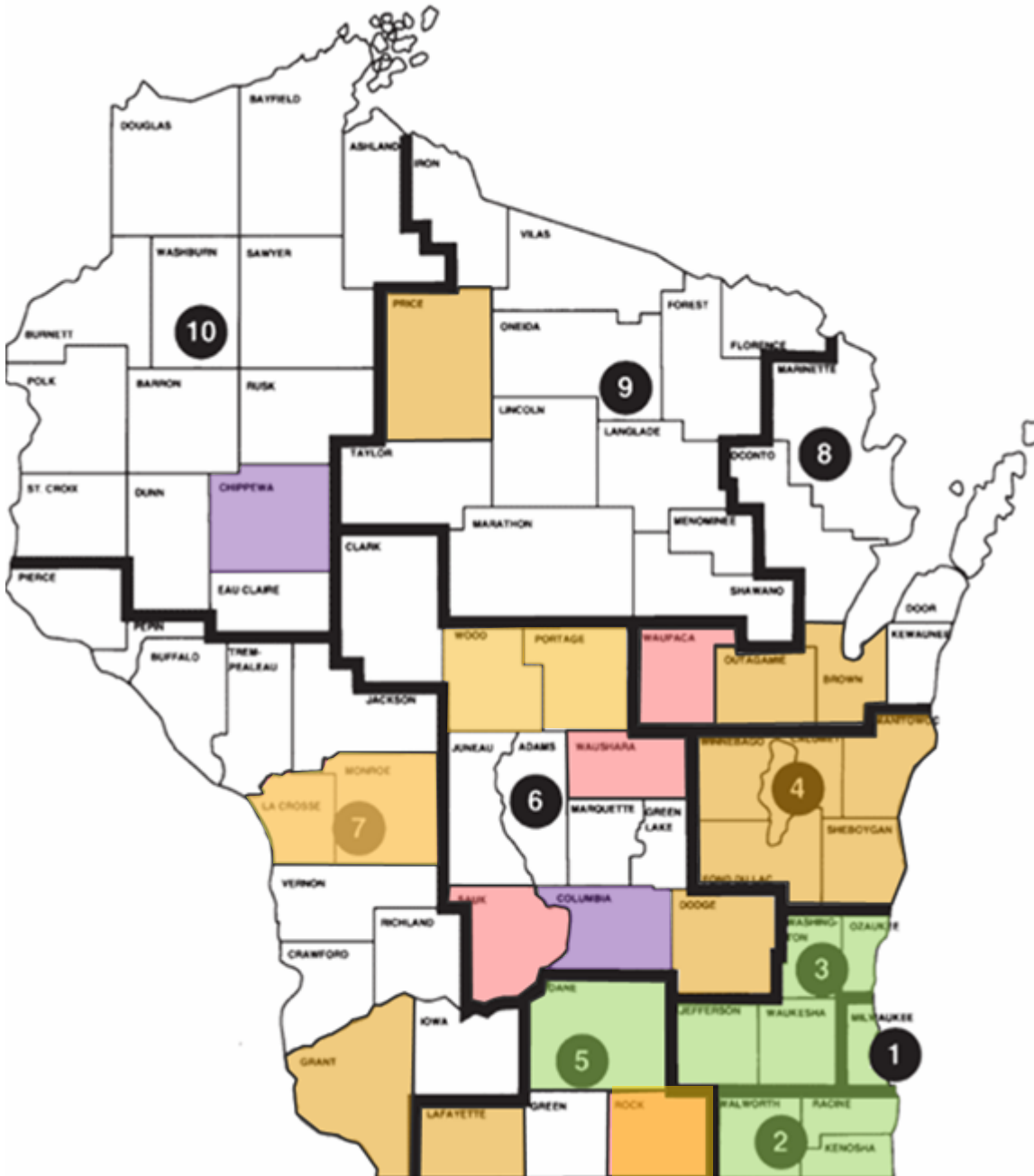
The 2007-2009 budget bill included a statutory language change under 971.14(5) (Wisconsin Act 20) allowing defendants to be treated for restoration on an outpatient basis as deemed appropriate by Department of Health Services (DHS)

*Behavioral Consultants, Inc.* is contracted by DHS to deliver OCR programming.

# Regions on Roll Out in 2008



# Where OCRP Has Been Since Then



# OCRCP by Counties Served

<b>Brown</b>	<b>Outagamie</b>
<b>Dane</b>	<b>Ozaukee</b>
<b>Dodge</b>	<b>Portage</b>
<b>Fond du Lac</b>	<b>Price</b>
<b>Grant</b>	<b>Racine</b>
<b>Jefferson</b>	<b>Rock</b>
<b>Kenosha</b>	<b>Sheboygan</b>
<b>La Crosse</b>	<b>Walworth</b>
<b>Lafayette</b>	<b>Washington</b>
<b>Manitowoc</b>	<b>Waukesha</b>
<b>Milwaukee</b>	<b>Winnebago</b>
<b>Monroe</b>	<b>Wood</b>

# OCRP By the Numbers

- Fiscal Year 2008-2009

Admitted	12
Remained in OCRP	11
Transferred to MHI	1
Declined Admission	1

- Fiscal Year 2010-2011

Admitted	37
Remained in OCRP	22
Transferred to MHI	6
Declined Admission	9

- Fiscal Year 2009-2010

Admitted	25
Remained in OCRP	22
Transferred to MHI	3
Declined Admission	6

- Fiscal Year 2011-2012

Admitted	59
Remained in OCRP	32
Transferred to MHI	8
Declined Admission	17



# Outpatient Competency Restoration Program Organizational Chart



Deborah Collins, Psy.D., ABPP  
President – BCI  
Director - WFU

Nancy Elliott, Ph.D., ABPP  
Program Director

Scott Thompson  
Program Coordinator

Vicki Farrell  
WFU Liaison

Sue Zanola  
Accounts Mgr.

John Collins  
Operations Mgr.

## Metro Milwaukee

Jamie Noffsinger, Psy.D.  
Intake Exam.

Sara Dittl, M.A.  
Sr. Behavioral Specialist

Jenna Schwartz  
Behavioral Specialist

Wisconsin Community  
Services  
Case Management

## Fox Valley

Tracy Luchetta, Ph.D.  
Intake Exam.

Adult Care Consultants(ACC)  
Behavioral Spec.

Liz Walker  
Behavioral Specialist

ACC  
Case Management

## Metro Dane

Ana Garcia, Ph.D.  
Intake Examiner

Beth Dodsworth  
Behavioral Spec.

Janeen Meyer  
Behavioral Spec.

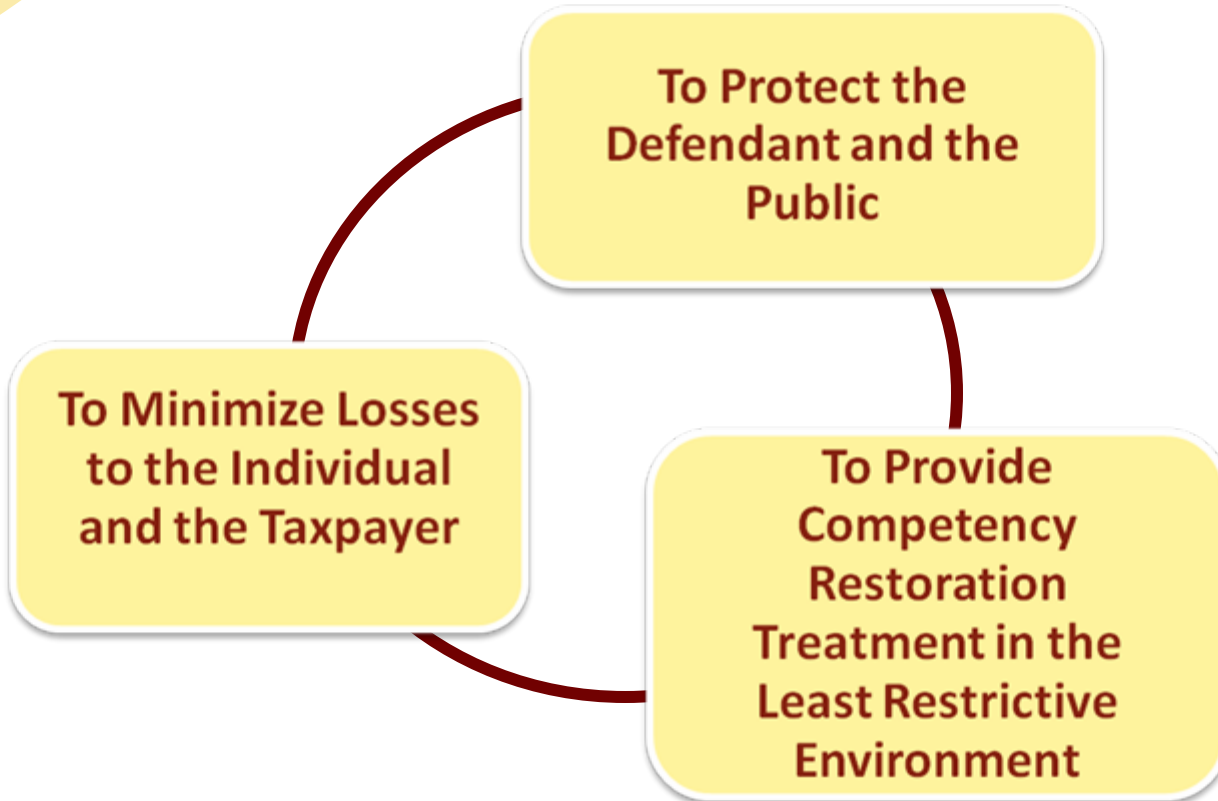
Lutheran Social Services  
Case Management



## The Mission of OCRP

*In the least restrictive setting possible, to teach each defendant, to the best of his or her ability, basic factual information about the legal process (e.g., roles of court personnel, plea options, etc.) and to facilitate development of decision-making skills and other functional capacities relevant to functioning as a defendant.*

# The Mission of OCRP



# Benefits of the Outpatient Setting

- Prevention of Individual Losses to the Defendant
  - Liberty
  - Social Security/other incomes
  - Housing
  - Employment
- Decreased Life Disruption for the Defendant
  - Continuity of care with community service providers
  - Familiarity with environment
  - Regular access to support system
- Benefits to the Public
  - Significant cost savings

# The Structure of OCRP

BCI Management

Clinical Program Direction

Treatment  
Providers

Case  
Management

Program  
Coordination

# The Role of ALL OCRP Staff

- OCRP staff
  - Treat every Program participant with dignity and respect
  - Strive to remain neutral regarding the charges for which a defendant has been brought to court
  - Refrain from offering any type of legal advice
  - Maintain strong boundaries and work within the boundaries of their respective functions
  - Refrain from communicating examiner opinions rendered in re-examinations with OCRP participants, his/her family members, or the participant's attorney
  - Abide by the ethical and legal guidelines of the respective profession

# The Referral Process

- Defendants who may be appropriate for OCRP participation are typically first identified by the initial competency evaluator
- Once adjudicated as Not Competent/Likely to become competent, the defendant's information is forwarded to OCRP for assessment
- If not identified by the WFU examiner, the court may still request an assessment by noting this request on the CR-206 under #9: Other

# Statutory Language Details

- According to the statutory language under 971.14(5), once a defendant has been adjudicated incompetent and committed to the Department of Health Services (DHS), the placement for treatment (inpatient or outpatient) is fully under the purview of DHS
  - In other words, the court cannot order a defendant's admission into OCRP
- The placement decision is based on a formal assessment process conducted by OCRP staff

# The Assessment Process

- Each assessment begins with review of available documentation including the court order, criminal complaint(s) and competency examination report
- The most common reasons that defendants are declined admission at this stage include:
  - Additional criminal conduct prior to or during the assessment process
  - Exacerbation of symptoms resulting in clinical instability
  - Inability of OCRP staff to make contact with the defendant
  - Lack of defendant's compliance with the assessment process



# Clinical Intake Assessment

- Following a successful file review, the defendant is scheduled for a clinical assessment with a licensed psychologist
- Contrary to other examination practices, we encourage at least one member of the individual's support system to be present for the assessment
- The most common reasons defendants are declined admission at this stage of assessment include:
  - Clinical instability
  - Lack of motivation to comply with treatment expectations
  - Active substance abuse without willingness for voluntary treatment

# Environmental Assessment

- Once the clinical Intake Assessment has been successfully completed, the defendant will be referred for an Environmental Assessment
- This assessment involves an OCRP case manager or supervisor going to the defendant's home for an interview to:
  - Ensure general safety and stability of the residence
  - Gather information on community providers and the defendant's support system
  - Review Program expectations and rules related to their home and behavior outside of the treatment session

# The Optimal Defendant for OCRP

- The optimal defendant:
  - Does not require the secured environment of the mental health institution
  - Has a mental health condition that can be managed in the community
  - Has a stable home environment with a good support structure AND/OR has managed independently in the community over a period of time
  - Has no recent history of interpersonal aggression
  - Does not use alcohol or drugs
  - Is medication/treatment compliant
  - Can effectively manage anger and frustration
  - Is motivated to participate in the outpatient format

# The Treatment Process

- Because of the nature of the Program, the OCRP has the ability to utilize an individualized, multimodal approach for competency remediation
- Each participant is assigned a Behavioral Specialist and Case Manager...these individuals together with supervisors and the Clinical Program Director represent the treatment team
  - Behavioral Specialist sessions are typically conducted two times per week for one hour per session and occur in a public locations
  - Case management sessions occur at least one time per week, generally in the home setting

# The Re-Examination Process

*"The defendant shall be periodically reexamined by the department examiners. Written reports of examination shall be furnished to the court 3 months after commitment, 6 months . . . 9 months . . . and within 30 days prior to the expiration of commitment"*

Wisconsin Statute 971.14(5)(b)



# **Wisconsin Forensic Unit (WFU)**

A Division of Behavioral Consultants, Inc.

*A Contract Agency  
of the Department of Health Services*



## Wisconsin Forensic Unit (WFU)

Since 2002 WFU has provided outpatient competency to stand trial evaluations of adult defendants throughout Wisconsin.

WFU also provides *re-examinations* of defendants committed to DHS and enrolled in OCRP.

# Sampling of Problems During Treatment that May Lead to Discharge

- Decline in clinical stability (e.g., psychosis, suicidality, aggressive behavior)
- Additional arrests, criminal behavior or substance use
- Elopement/Absconding
- Attendance problems/lack of compliance with treatment
- Poor motivation or behavior in treatment



# The Discharge Process

- Some issues that arise in treatment require immediate action with referral to the inpatient setting (e.g., episodes of violence, suicidality, new arrests)
- For other problems that are identified, the OCRP treatment team will work to correct or manage the issue. This may include calls to the defense attorney with a request that the attorney provide counsel to the OCRP participant
- When these attempts to resolve issues fail, the individual is referred for transfer because OCRP can no longer reasonably ensure the safety of the defendant or of the community

# The Discharge Process - continued

- Upon making the decision to discharge an OCRP participant:
  - A letter is sent to the court with a request for an arrest warrant and order to transport. Notification of pending discharge from the Program (one week) is also provided in the letter.
  - Mental Health Institution admissions staff are notified.
  - The defendant will receive a letter informing him/her of discharge from the Program and providing instructions for voluntary admission to be arranged before or as close to the discharge date as possible.
  - If unwilling to be voluntarily admitted, it is possible the defendant may be held in a county jail facility until bed space is available at the MHI

# The Absconding Defendant

- Whether a denial for Program admission or a discharge from the Program - defendants who do not comply with instructions for voluntary admission will be considered to have absconded.
- In these cases, the arrest warrant and order for transport will remain active until executed by the Sheriff's Department.
- If a substantial amount of time has passed at the time the defendant is brought into custody, a new order for treatment may be requested by the institution.

# In Summary

Though not currently available statewide, the Outpatient Competency Restoration Program strives to provide safe and effective competency remediation in a less restrictive environment than the state mental health institutions.

We provide a multidisciplinary, individualized approach to remediation treatment.

The essential goals of OCRP are to provide competency restoration to the level of the defendant's capacity and to retain the individual in the Program through his or her ultimate competency determination, if possible.



# **Q & A**

**<http://bciwi.com/ocrhome.html>**

**414-271-5577**

