

Outpatient Competency Restoration Programs

A. Outpatient Competency Restoration Programs

Outpatient competency restoration (OCR) programs are programs that provide community-based competency restoration services, which include both mental health and substance abuse treatment services, as well as legal education, for individuals found Incompetent to Stand Trial (IST). In general, outpatient competency restoration programs are designed to:

- a. Reduce the number of IST individuals with mental illness or co-occurring psychiatric and substance use disorders, on the State Mental Health Hospital clearinghouse waiting list for inpatient competency restoration services; and
- b. Increase prompt access to clinically appropriate outpatient competency restoration services for individuals determined to be IST who do not require the restrictiveness of a hospital setting.
- c. Reduce the number of bed days in State Mental Health Hospitals used by forensic patients from Contractor's local service area.

B. Program Design:

Contractor shall implement an OCR Program in accordance with the following requirements:

1. Ensure that the OCR Program meets the statutory requirements of Chapter 46B of the Texas Code of Criminal Procedure (TCCP) as amended by Senate Bill (SB) 867.
2. Serve targeted number of clients per fiscal year with mental illness or co-occurring psychiatric and substance use disorders by providing OCR services as measured and documented through encounter data and WebCare as defined in Section C, Program Reporting, of this document.
3. Maintain a rate of 55 percent of all clients either restored to competency and/or improved enough to have their charges dropped.
4. Maintain an average length of stay per person in the program of no longer than 180 days for all clients admitted to the program during the fiscal year.
5. Recruit, train, and maintain qualified staff, including a Program Coordinator, who is a Licensed Practitioner of the Healing Arts (LPHA), to work as a liaison between the Contractor and the local criminal justice system;
6. For individuals referred to the OCR Program, provide and ensure prompt access to OCR Program eligibility and intake assessments, with psychosocial assessment, and substance abuse screening if indicated.
7. A risk assessment such as the Historical, Clinical, Risk Management, Violence Risk Assessment Scheme (HCR-20) shall be conducted to determine an individual's appropriateness for outpatient treatment.
8. Complete the Level of Care section of the Texas Recommended Authorization Guideline Assessment (TRAG) while individuals who are determined IST are still incarcerated. The remainder of the Uniform Assessment shall be completed upon admission to the OCR Program. The Individual Treatment Plan shall address the following:
 - a) Physical health concerns/issues;

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- b) Medication and medication management;
 - c) Level of family and community support;
 - d) Co-Occurring Psychiatric and Substance Use Disorder (COPSD) concerns/issues;
 - e) Supported Housing, including rental and utility subsidy;
 - f) Transportation; and
 - g) Assistance with benefits applications.
9. Provide a documented service for the individual with a member of the OCR staff on the day the individual will be released from jail. Contractor's OCR staff will work with courts and law enforcement personnel to secure daylight release to OCR program staff; staff will work to avoid nighttime releases. OCR staff shall accompany individual to program or residence upon jail or court release regardless of time of release.
 10. Develop, implement, and maintain written policies and procedures that describe the OCR eligibility, intake assessment, and treatment planning processes. The policies and procedures shall also address admission of clients referred by other LMHAs.
 11. Update the individualized treatment plan within five (5) working days of enrollment to include all dimensions listed above in 6.
 12. Ensure prompt access to clinically appropriate Texas Resilience and Recovery Service Package (TRR SP) 3 or 4 services with authorization completed and first service provided within 24 hours of release from jail or court. Contractor shall also provide access to a psychiatrist no later than seven working days after release from jail or court.
 13. Provide SP 3 or SP 4 psychosocial services and supports to individuals in the OCR Program. Contractor shall meet or exceed the minimum expected hours for these service packages as outlined in the Resiliency and Disease Management Utilization Management Guidelines as needed to promote successful outcomes. The majority of the hours shall be provided in client's home or other living environment, not in program offices.
 14. Ensure provision of a full assessment and access to substance abuse treatment service as needed.
 15. Ensure prompt access to legal education using DSHS-approved curricula based on the individual needs of the client.
 16. Provide supported housing including rental subsidies, for individuals served in the Program who lack adequate housing; this excludes unlicensed assisted living facilities as per TAC §412.202(c);
 17. Provide face-to-face in-home services at least weekly for individuals served in the OCR Program to ensure participation, promote adherence to treatment, and assess that individual's living environment is safe and his or her basic needs are being met (i.e. food, clothing, hygiene);
 18. Maintain and follow written procedures to monitor an individual's restoration to competency and readiness to return to court. Comply with reporting procedures specified in TCCP Article 46.B.079. Coordinate with the court to encourage

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timely determination of an individual's competency unless all parties agree to accept Contractor's report. Written procedures shall also address requests for a court order extending the initial restoration period from the court and forensic re-evaluation if an extension is granted.

19. Collaborate with the state hospital and network providers to identify IST individuals currently in the hospital on an inpatient commitment and who may be appropriate for transition to the OCR Program. Coordinate with local courts to revise commitment status for those identified individuals and work jointly with all parties to develop a discharge and continuity plan.
20. Provide thorough continuity of care of individuals completing the Program. Discharge in accordance with Texas Criminal Code and Procedures, Article 46B. Discharge planning shall ensure that the following requirements are met:
 - a) Develop plan for maintaining housing and utilities for at least three months post discharge;
 - b) Facilitate ongoing services in the appropriate SP through the local LMHA/ValueOptions before final discharge from OCR Program;
 - c) Provide medication and a clearly documented follow-up psychiatrist appointment to ensure there will be no lapse in medication compliance once client is discharged;
 - d) Complete all appropriate benefits applications on behalf of any discharged individual including signing up for long-term subsidized housing;
 - e) An individual being discharged from the OCR Program shall not be referred to an assisted living facility that is not licensed under the Texas Health and Safety Code, Chapter 247.
21. Notify the Texas Correctional Office on Offenders with Medical or Mental Impairments within 24 hours after discharge regardless of the reason for discharge.
22. Provide continuity of care for persons who do not complete the OCR Program or who are determined to be incapable of restoration to competency. OCR Program staff shall notify DSHS Contract Manager, using Outpatient Competency Restoration Admission (screen 358) and Discharge (screen 359) screens in WebCare, in the event that an individual does not successfully restore to competency, absconds, re-offends or otherwise terminates before completing program.
23. Work closely with courts to encourage timely resolution of legal issues and to minimize jail time spent waiting for hearing, once individual is released from OCR Program.

C. Program Reporting:

1. According to the timetable and frequency specified in Article 46B.079 of Chapter 46B, as amended by SB 867, and as determined by the court(s) and judge(s), Contractor shall provide notice and written reports to the court(s) and judge(s) as appropriate.

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2. Contractor shall submit encounter data on all services provided to all individuals in OCR program, using the procedure codes and modifiers delineated by DSHS. These encounters will be used to determine the amount of funding that is expended for OCR.
3. Contractor shall submit the Outpatient Competency Restoration Admission (screen 358) and Discharge (screen 359) screens in WebCare within 72 hours of any program admission or discharge. .

D. Target Numbers to be Served:

1. The target number to be served in FY12 is 100 persons.
2. The target number for FY13 is 92 persons.