LMHA Special Provisions – 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 individuals determined to be IST, 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.

1. Program Design:
   Contractor shall:

a. Ensure that the outpatient competency restoration program meets the statutory requirements of Chapter 46B of the Code of Criminal Procedure as amended by Senate Bill (SB) 867;
b. 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;
c. Provide and ensure prompt access to OCR Program eligibility and intake assessments, with psychosocial assessment, DSHS Substance Abuse Screening Tool, and Outreach, Screening, Assessment and Referral (OSAR) assessment if indicated.
d. A risk assessment such as the HCR-20 shall be conducted to determine an individual's appropriateness for outpatient treatment.
e. Complete the TRAG and Individual Treatment Plan while individuals, who are determined IST, are still in jail. The Individual Treatment Plan shall include:
   1) Physical health concerns/issues;
   2) Level of family and community support;
   3) Co-Occurring Psychiatric and Substance Use Disorder (COPSD) concerns/issues;
   4) Supported Housing, including rental and utility subsidy;
   5) Transportation;
   6) Assistance with benefits applications.

f. Ensure that a service encounter with a member of the team occur on day of jail release. OCR staff will work with courts to secure daylight release to OCR program staff; staff will work to avoid nighttime releases. OCR staff shall

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accompany individual to program or residence upon jail or court release regardless of time of release.

g. Develop and implement written policies and procedures that describe the OCR eligibility, intake assessment, and treatment planning processes.
h. Update the individualized treatment plan within 5 working days of enrollment to include all dimensions listed above:
i. Ensure prompt access to clinically appropriate RDM SP 2, SP 3 or SP 4 services with authorization completed and first service provided within 24 hours of release from jail or court;
j. Provide enhanced psychosocial and pharmacological management services.. The majority of the hours shall be provided in client's home or other living environment, not in program offices.
k. Ensure provision of a full assessment and e access to substance abuse treatment service as needed.
l. Ensure prompt access to legal education using DSHS-approved curricula as needed;
m. 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);
n. Provide face to face in-home services at least weekly for individuals served in the OCR Program to ensure participation, promote adherence and assess that individual's living environment is safe and his or her basic needs are being met (i.e. food, clothing, hygiene);
o. Maintain and follow written procedures to establish individual's readiness for follow-up forensic evaluation and procedures to coordinate with forensic specialist to ensure timely evaluation and head of facility's report to court as specified in Article 46.B.079. Procedures must also address requests for extension from the court and re-evaluation in the event that extension is granted.
p. Provide thorough continuity of care of individuals completing the Program. Discharge shall be in accordance with Texas Criminal Code and Procedures, Article 46B. Discharge planning shall ensure that the following are in place:
    1) Develop plan for maintaining housing and utilities for at least three months post discharge;
    2) Facilitate ongoing services in the appropriate SP through the local LMHA/ValueOptions before final discharge from OCR Program;
    3) Provide medication and a clearly documented follow up psychiatrist appointment to ensure there will be no lapse in medication compliance once client returns to jail for disposition;
    4) Complete all appropriate benefits applications on behalf of any discharged individual including signing up for long-term subsidized housing;

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5) 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.

q. Discharge of a patient committed under Article 46B.073 (Commitment For Restoration to Competency), shall be in accordance with TCCP, Article 46B.083 (Report by Facility Head) and Article 46B.107 (Release of Defendant After Commitment) and the Program shall notify TCOOMI within 24 hours after discharge regardless of reason for discharge.
r. Provide continuity of care for persons who do not complete the OCR program or who are determined not to be restorable. OCR Program staff shall notify DSHS Contract Manager in the event that an individual does not successfully restore to competency, absconds, re-offends or otherwise terminates before completing program
s. 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.
t. Provide discharge planning for array of legal outcomes with provisions for medication continuity for the following eventualities: an immediate release by the courts; a brief stay and release to community; or a longer stay in jail while waiting for a disposition, followed by release.
u. Ensure the provision of medication as needed.

2. Program Reporting:

a. 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); and
b. 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.
c. Contractor shall submit attached OCR Monthly Tracking Reports as specified below.

3. Target Numbers to be Served

a. The target number to be served in FY08 is 80 persons.
b. The target number for FY09 is 150 persons.

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Submission Schedule for Reports:

Monthly Tracking Reports (attached)

Month of:	Due:
April, 2008	May 7, 2008
May, 2008	June 9, 2008
June, 2008	July 8, 2008
July 2008	August, 7, 2008
August, 2008	September 8, 2008
September, 2008	October 7, 2008
October, 2008	November 7, 2008
November, 2008	December 8, 2008
December, 2008	January 7, 2009

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Outpatient Competency Restoration Monthly Status Report

Client (Unduplicated)	Legal Charge	Type of Charge (Misdemeanor type a, b or c or Felony)	Program Completion Date	Restored Y/N	Disposition by Court(s