

SB 1677 Competency Restoration Services Audit: An Executive Summary & Recommendations

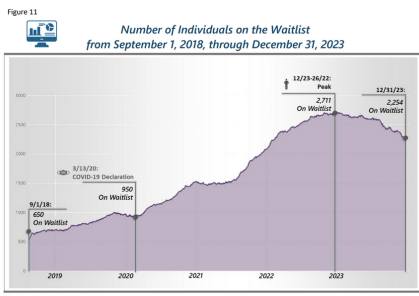
Competency Restoration Basics

The goal of competency restoration is to restore someone's ability to understand the legal system and stand trial. Competency restoration most commonly takes place inpatient in state hospitals. The waitlist for competency restoration is called the "forensic waitlist." **Between 2018 and 2023, 15,652 people were put on the list for competency restoration.**

Let's Start with the Terminology:

- The **Forensic Waitlist** is for people awaiting competency restoration. While they are on the waitlist, they typically remain in jail.
- **Wait times** refers to the average time on the forensic waitlist.
- When someone waits so long on the waitlist that they spend more than the maximum sentence in jail, they "**time out**" and are released from jail without going to competency restoration.
- The "**revolving door**" refers to the cycle where people go to jail for mental illness, **time out before they go through competency restoration**, then are re-arrested for new crimes related to mental illness that has continually gone unaddressed.

Wait Times and Time-outs



The average time on the waitlist was **320 days**. This far exceeds average maximum sentences, leading to **168 people timing out**.

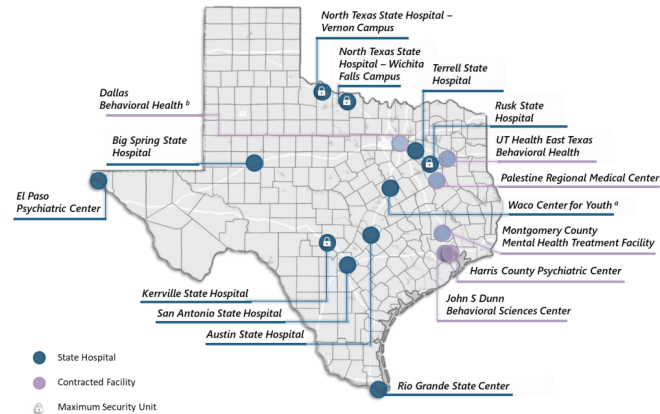
Waitlist timeouts are a major contributor to recidivism and a harm to public safety.

Timeouts Create a Revolving Door

Another **341 people were placed on the waitlist multiple times on the same charge**. When people return to jail from competency restoration, they must remain competent long enough to stand trial. **Some people re-appeared up to six times on the same charges.** There was no analysis of how and why this happened. Was there 'dismiss and transfer' or 'civil, charges pending'?



Locations of State Hospitals and Contracted Facilities
for Competency Restoration



***Missing from this map - SSLCs where some people with IDD are sent on forensic admissions**

Staggering Statistics

- 1,528** Individuals (10%) reappeared on the waitlist for NEW offenses - **revolving door**
- 54** Individuals **died while waiting** for a state hospital bed
- 2/3** Of state hospital admissions **come from jails**
- 830** Individuals were **NOT reported to DPS for firearm purchase prohibition**

Glaring Data Omissions

- What was the human and fiscal **cost of the revolving door**?
- How many **people with IDD** were on the waitlist?
- How many people were deemed "**unlikely to restore**?"
- How many people had an "exact match" on their **CCQ check**?
- Breakdown by **diagnoses** - Autism? IDD? SMI? TBI? Anosognosia?
- How many people were held in **solitary confinement**?

OUR SOLUTION: CARE INSTEAD OF CRIMINALIZATION

The state hospital system is part of our public mental health system and is **meant to serve as a safety net care provider, not as the backend of the carceral system.**

People end up on the forensic waitlist after having tried repeatedly to access appropriate levels of care in the community. **Why are we waiting for a crime and a potential victim?**

For those who no longer need hospital level care but are too acute to engage meaningfully in voluntary services, Texas must **build out a system of appropriate residential options and services that currently do not exist**

↑ Recommendations ↓

Data that highlight root causes:

- In order to fix the problem, we must know the full scope of the problem
- Outside of the glaring omissions listed on Pg 1, additional data points are needed:
 - # of unhoused people on the waitlist
 - # of veterans on the waitlist
 - # of people on the waitlist who have exhausted their **190 day lifetime limit** of inpatient psychiatric care **under Medicare**
 - # of emergency detention and peace officer warrants
 - # of people on the Inpatient Care Waitlist (civil commitment)

Front-end deflection saves resources:

- Reducing the criminalization of people with serious mental illness and/IDD means fewer people on the forensic waitlist
- The audit cites numerous successful interventions, including mobile crisis response/evaluation teams and specialized training for law enforcement, district attorneys, and judges

Continuity of care prevents re-offense:

- Mandate **continuity of care in jails** after a positive CCQ check, as established by the Sandra Bland Act - it can save lives!
- Mandate **inclusion of Emergency Detention and Peace Officer Warrants in CCQ match**
- Mandate LMHAs and LIDDAs to provide continuity of care to people who **'time-out' or are released due to charges being dismissed -- close the revolving door**
- Expand access to SSLCs, long-term care options, and step-down facilities. Invest in **intermediate residential care options for people too acute for community care but who no longer need hospital level**



Read the Audit Report here!

Notable Success

In Harris County, it is estimated that deflection strategies saved

\$40 million

By intentional deflection of select populations away from jail, such as those with serious mental illness who would be better treated in a psychiatric center than jail, the state reduces the number of people placed on the forensic waitlist.

Puzzle Pieces to Success



Data Collection

Helps us understand how to effectively target populations for...



Front-end Intervention and Deflection

Which helps better connect and engage communities with proper...



Continuity of Care

With the result of reducing the forensic waitlist and keeping our communities safer