

**OUTPATIENT COMPETENCY  
EVALUATION PROGRAM**

JULY 1, 2006 – JUNE 30, 2007

## 1

### **PROGRAM MISSION STATEMENT**

The mission of the Outpatient Competency Evaluation Program is two fold.

- Management of Departmental resources while meeting statutory obligations to conduct competency examinations.
- To serve the judicial system in the most efficient manner while providing quality expertise.

Prior to implementation of the program we anticipated that approximately 75% of these individuals did not need to be evaluated in an inpatient setting. It was deemed important to evaluate them in jail and quickly transition those who were found incompetent to proceed to trial into a treatment bed at one of the state's two mental health facilities. In this way, the needs of the clients would be served and the beds at the mental health facilities would more appropriately be used for treatment to competency.

## 2

### **RESULTS**

Throughout the evolution of the conversion from a predominantly inpatient program in CY 2000 to a predominantly community based program in January, 2002, there has been a great deal of cooperation between the court system, the county human service departments, jail staff, Conditional Release (CR) contract providers, Wisconsin Forensic Unit staff and Division central office staff. The program has been exceptionally well received and given positive feedback from counties, Judges, District Attorneys, Public defenders, sheriff's departments and jail administrators.

There were a total of 1258 evaluations completed between July 1, 2006 and June 30, 2007. 1196 (95%) of these were conducted in the community, and 62 (5%) were conducted at the MHI's. The cost per evaluation conducted by WFU in FY 07 was \$1108 for a total cost of \$1,325,772.

## 3

### **SUMMARY AND CONCLUSIONS**

While we began with the anticipation that 75% of competency examinations could be done on an out-of-institution basis, in fact, the data reveal that up to 95% of the individuals could be examined in the local community. This percentage has remained constant since the beginning of the program in 2001. The program significantly exceeded its goal which reduced some of the strain on the institutional resources. Further, many fewer individuals had to undergo involuntary forensic inpatient commitments in order to resolve competency questions and those adjudicated incompetent had access to treatment more quickly.

The Department was correct in its assumption that we could successfully convert from using inpatient beds for evaluations to conducting them in the community for a significant cost savings without compromising the quality of the evaluations or the services to the patients. The fact that the courts and jails have given very favorable reviews to the program speaks to the fact that the program is working well.

In FY07, 26.9% of the defendants examined were clinically determined to be incompetent to stand trial. This finding is virtually identical to the percentage of incompetent defendants in FY06 (27.2%) and continues to approximate national outcome data regarding findings of incompetency. The Mental Health Institutions received 35 more commitments for competency restoration in FY07 compared to FY06 (244 vs. 206).

In FY07, there were 21 more occasions for multiple examinations for the same person compared to FY06 (90 vs. 79). Anecdotal evidence suggests that very few of those cases constituted 2<sup>nd</sup> opinions of not adjudicated first opinions by a DHFS examiner. Instead, multiple examinations occur when multiple charges are filed at different times and the court wants to ensure the competency finding applies to all cases. Additionally, second examinations have been conducted on the same person after the first opinion was adjudicated and there has been a perceived change in the defendant's mental status. Sometimes second opinions have been granted when the courts have not acted on the first opinion after a prolonged period of time. Wisconsin Forensic Unit does attempt to redirect the courts in all instances when the resources of DHFS appear to be tapped unnecessarily.

The program remains an evolving service with more potential for cost and time efficiencies.

**For more information contact Community Forensic Services Supervisor:**

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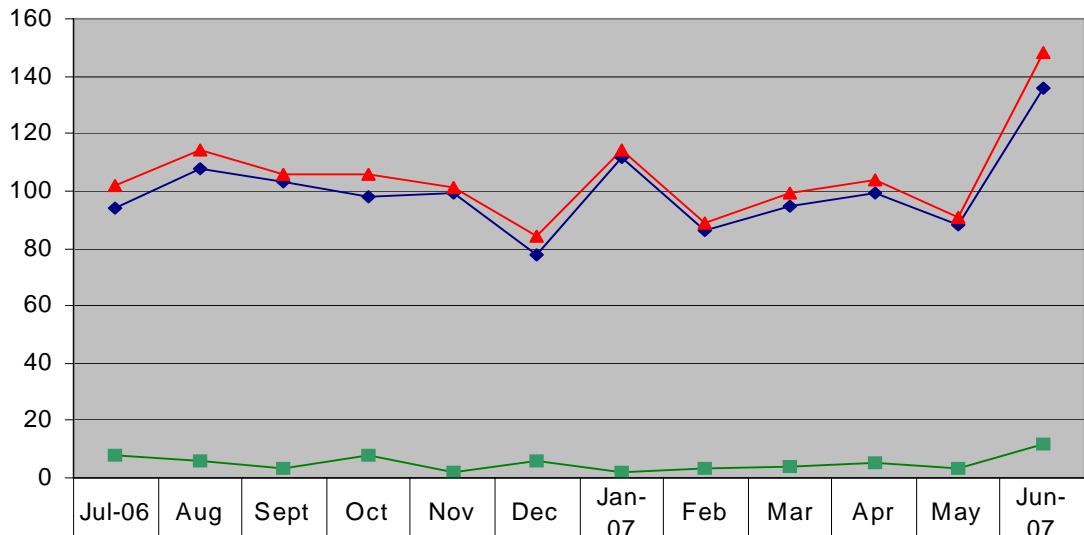
**Madison, WI 53707-7851**

# OUTPATIENT COMPETENCY EVALUATION PROGRAM DATA

JULY 1, 2006-JUNE 30, 2007

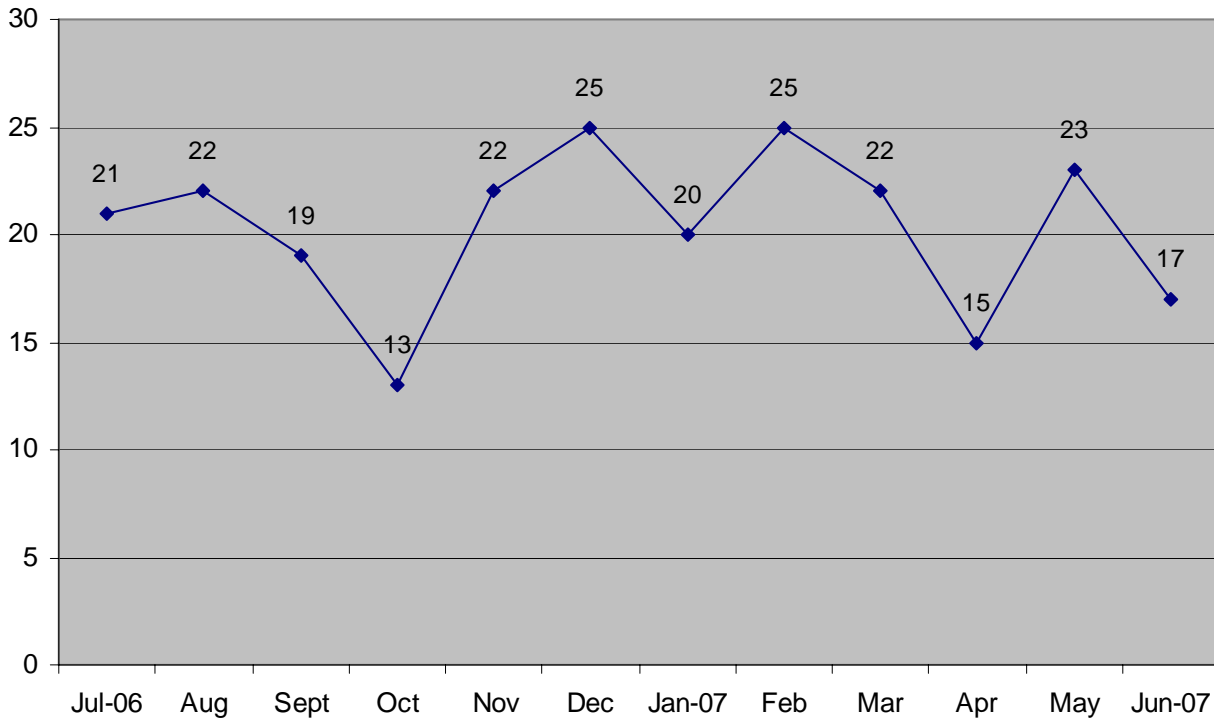
<b>Disposition of Evaluations</b>		
	#	%
Competent	750	62.8%
Incompetent	321	26.9%
Inpatient 2nd Opinion	27	2.3%
Inpatient Refusal	16	1.3%
Undetermined	24	2.0%
Not Specified	57	4.8%
<b>Total</b>	<b>1195</b>	
<b>Demographics</b>		
<b>Gender</b>		
Male	959	80.3%
Female	236	19.7%
	<b>1195</b>	
<b>Ethnicity</b>		
American Indian	14	1.2%
Asian	20	1.7%
Black	415	34.7%
Hispanic	38	3.2%
Caucasian	630	52.7%
Other	3	0.3%
Not Specified	75	6.3%
<b>Age</b>		
<21	184	15.4%
21-30	336	28.1%
31-40	233	19.5%
41-50	263	22.0%
51-60	126	10.5%
61-70	31	2.6%
70+	18	1.5%
Not Specified	4	0.3%
<b>Charges</b>		
Felony	706	59.1%
Misdemeanor	453	37.9%
Traffic	30	2.5%
Inmate Charges	6	10.5%
<b>Multiple Exams/Same Person</b>		
	90	7.5%

### Competency (14.2) Evaluations FY 07

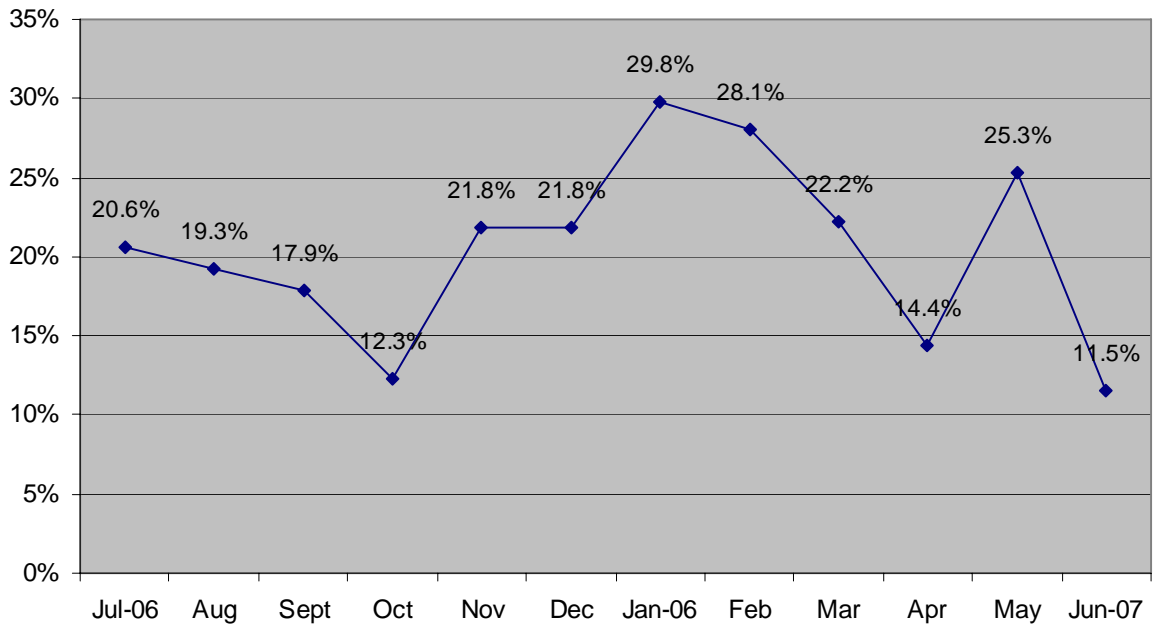


	Jul-06	Aug	Sept	Oct	Nov	Dec	Jan-07	Feb	Mar	Apr	May	Jun-07
◆ Oupatient	94	108	103	98	99	78	112	86	95	99	88	136
■ Inpatient	8	6	3	8	2	6	2	3	4	5	3	12
▲ Total	102	114	106	106	101	84	114	89	99	104	91	148

### Treat to Competency (14.5) Admissions FY 07



**Percent 14.2 Admitted as 14.5 FY 07  
(% Found Incompetent)**



**Evaluation Outcomes FY 07**

