

Alternatives to Inpatient Competency Restoration Programs:

Community-Based Competency Restoration Programs

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ARTICLE INFO

Article history:

Published: October 31, 2018

Keywords:

Competency Restoration
Outpatient Competency Restoration

Overview

Over the past two decades there has been an increase in the number of forensic patients at state psychiatric hospitals. The largest increase has been seen among defendants who have been court ordered to receive competency evaluationsⁱ or

ⁱ Evaluations used to determine if an individual is able to understand court proceedings and/or assist his/her attorney (*See below for more information on competency evaluations*).

AUTHOR'S NOTE

Many states are in the process of developing and/or implementing new methods for handling IST defendants who do not require hospital level care. Outpatient competency restoration (OCR) were created to treat IST defendants who do not require hospital level care and who can be safely treated within the community. This paper reviews the states that have implemented OCR programs.

restoration servicesⁱⁱ at state psychiatric hospitals.¹ This has led to a decrease in the number of beds available for both civil and forensic patients. One result has been that many state psychiatric hospitals are having trouble meeting the increased demands for beds for forensic defendants; particularly defendants found incompetent to stand trial

ⁱⁱ Services that are designed to facilitate a patient's capacity to understand court proceedings and/or assist his/her attorney in his/her case (*See below for more information on competency evaluations*).

(IST)ⁱⁱⁱ who have been court ordered to receive inpatient^{iv} competency restoration services at a state psychiatric hospital. Many states have created waitlists to manage the number of individuals awaiting admission. Lengthy wait times have led to some states having been held in, or threatened with being held in, contempt.^{1,2,3,4,5,6,7,8}

Many states are in the process of developing and/or implementing new methods for handling IST defendants who do not require hospital level care, and many states are utilizing outpatient competency to stand trial (CST) evaluations^v in an effort to reduce the number of defendants being referred to state psychiatric hospitals for inpatient services.^{9,10,11}

Over the past three decades a variety of programs have been developed across the nation (some are state-specific) to reduce the burden being placed on state psychiatric hospitals by forensic patients. Programs that have been developed to divert IST defendants requiring competency restoration services who do not need hospital level care include: outpatient competency restoration

services, and jail-based competency restoration services. Some states have also developed state-specific programs (e.g. aftercare services). Each program has its own benefits and drawbacks. Nonetheless, evidence suggests that these programs can lower the amount states spend on treating IST defendants and reduce the number of state psychiatric hospital beds occupied by IST defendants.^{4,7-11, 12,13,14,15,16,17,18,19,20} This paper focuses on a community-based outpatient competency restoration (OCR) programs. Information from existing resources will be utilized to describe the effectiveness of these programs and their limitations. A separate paper, titled “Alternatives to Inpatient Competency Restoration Programs: Jail-Based Competency Restoration”, was developed to discuss jail-based competency restoration programs.

ⁱⁱⁱ In some states these defendants are also referred to Incompetent to Proceed.

^{iv} This term will be used to refer to services conducted within a state psychiatric hospital setting.

^v Outpatient CST evaluations are CST evaluations that are conducted outside of the state psychiatric hospital setting. They are typically conducted in community or jail/correctional settings.

Background Information^{vi}

Competency Evaluations

In court, a defendant's capability to understand the charges that he/she is accused of, and/or the defendant's capability of assisting his/her defense attorney may be questioned. Most states allow this issue to be raised by the prosecutor, defense attorney, and/or judge.^{1,2,6} Once the defendant's competency has been questioned, the court makes the final decision on whether or not the defendant should be ordered for a competency evaluation.^{2,6 21-22} If the judge places an order for a competency evaluation, then the case is suspended until the results from the evaluation are able to be presented to the court.^{2,6,21-22}

Competency evaluations can be conducted in an inpatient setting (e.g. a state hospital), or an outpatient setting (e.g. at the jails by an evaluator).^{10,12-13, 21-22} As noted above, inpatient competency evaluations have become less common in recent years.

^{vi} The background information provided is very brief. It is not intended to be a comprehensive review of competency evaluations and competency restoration services. For instance, the summary does not provide information on the nuances between states statutes on the competency evaluation and competency restoration process. Readers that are interested in learning more about competency evaluations and competency restoration services should review the referenced materials for more comprehensive information.

In order to decrease the number of forensic clients being admitted to state hospitals for inpatient competency evaluations, states have begun to conduct more competency evaluations on an outpatient basis.¹⁰⁻¹¹

Competency Restoration

Once a defendant has been evaluated, the results of the evaluation are presented at a competency hearing. At the hearing the judge will make a determination on whether or not the defendant is competent to stand trial, incompetent to stand trial but restorable, or incompetent to stand trial and unlikely to be restored in the foreseeable future^{vii 21-22}. Defendants who are found IST but restorable are typically court ordered to undergo inpatient competency restoration services since competency restoration programs are primarily conducted on an inpatient basis.^{10-11,13,23}

^{vii} In this paper, defendants found incompetent to stand trial and unlikely to be restored in the foreseeable future are also referred to as "unrestorable". In regards to this paper, this means that it was determined that it was unlikely that the defendant was ever going to be able to achieve, or regain, the functional capacity required to understand the court proceedings and/or assist his/her attorney in his/her defense. Depending on the state, defendants found to be unrestorable may have their charges dropped and either be released or undergo other court procedures to determine if they are meet their state's eligibility criteria for civil commitment (American Bar Association, 2016; Mossman et al., 2007).

As noted above, outpatient competency restoration service programs have become increasingly popular. States have begun to develop these programs to reduce their waitlists and bed capacities since they are experiencing such a high influx in the number of forensic patients being court ordered to receive inpatient services at their state psychiatric hospitals.^{2,4,6,9,11,23-24} The purpose of this paper is to provide an overview of outpatient competency restoration program models being implemented by states.

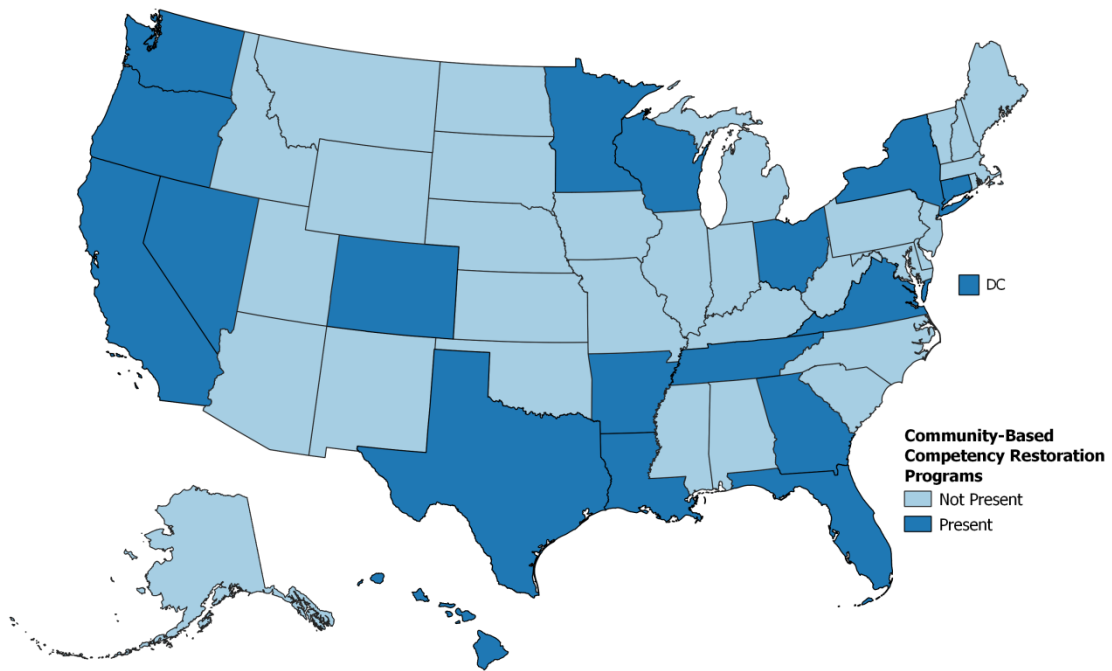
Outpatient Competency Restoration Programs

In its broadest sense, because traditional competency restoration programs have been primarily focused on psychiatric inpatient settings and especially state hospitals, the term “outpatient” competency restoration programs refers to restoration programs provided within any community setting, including within a jail/correctional setting.¹²⁻¹³ Jail-based competency restoration programs have their own unique structures and challenges. These programs are distinguishable from those programs set up in a traditional outpatient community setting. Thus, this paper will focus *solely on community based* non-jail outpatient competency restoration (OCR) programs.

Statutes in at least 35 states allow for outpatient competency restoration services to be considered as alternatives to inpatient restoration programs.^{10-13,23} Out of these 35 states, at least 16 states have developed formal competency restoration programs that are based outside of an institutional or other hospital setting: Arkansas, California, Colorado, Connecticut, DC, Florida, Georgia, Hawaii, Louisiana, Nevada, Ohio, Oregon, Tennessee, Texas, Virginia, Wisconsin.¹¹⁻¹³

The main purpose of this paper is to highlight which states are developing such programs and to present an overview of restoration rates for various OCR programs. This paper also serves to expand upon the research conducted by Gowensmith, Frost, Speelman, Therson's study (2016) in order to present information on states that have recently (between 2016 and 2019) developed OCR programs or that are in the process of developing OCR programs.¹²

Community-Based Competency Restoration Programs



Community-Based OCR Programs

Arkansas

Arkansas' refers to both its community- and jail based competency restoration programs as part of its overarching Forensic Outpatient Restoration Program.^{25,26} This paper solely focuses on the data that has been collected on the *community-based* portion of this program^{viii}. Arkansas developed its outpatient competency restoration program in 2009.¹²⁻¹³ The data that has been collected on Arkansas' community-based restoration services demonstrates that the program has restored 79% of its defendants. Of the remaining 21%, approximately 17% of the defendants were determined to be unrestorable^{ix}.¹²⁻¹³ For those who were restored, most defendants were restored within two to three months.¹²⁻¹³

California

California's outpatient competency restoration program was developed in 2008.

^{viii} Please refer to the "Jail-Based Competency Restoration Paper" for more details on the jail-based services provided in Arkansas.

^{ix} In this paper, a defendant being found unrestorable means that it was determined that the defendant was unlikely to be restored in the foreseeable future. Depending on the state, this could result in the defendant's charges being dropped and him/her being released or undergoing the process to determine if he/she is eligible for civil commitment.

Data compiled by Gowensmith, Frost, Speelman, &Therson (2016) suggest that California's OCR program has a restoration rate of 35% and the average time that it takes to restore a defendant is 11 months. In total, 12% of defendants who were admitted to the program were found to be unrestorable.¹²

Colorado

Colorado developed an OCR program in 2013.¹² It appears that this program was a community-based OCR program since the authors defined outpatient competency restoration program and jail-based competency restoration programs separately in their study. Gowensmith, Frost, Speelman, &Therson (2016) were able to collect a limited amount of information on the program.¹² It should be noted that this does not mean that information is not being collected on the program. On the other hand, it does suggest that limited information on the program has been made available to the public. The author of this paper investigated whether or not new information had been made publically available on the program; the author was unable to find such information.

Connecticut

Connecticut developed its outpatient competency restoration program in 2001.

The restoration rate and length of stay for the program is similar to that of inpatient competency restoration programs. The program has a restoration rate of 75% and most defendants are restored within six months. Approximately 15% of Connecticut's OCR defendants were found to be unrestorable.¹²

District of Columbia

The District of Columbia's outpatient competency restoration program was developed in 2005.²⁷ Once a defendant enters the program they receive competency restoration services at an outpatient clinic every two weeks^x. The jurisdiction has reported that the program has a restoration rate of 77%.^{12-13,23} During the period(s) for which data are available, most of the defendants participating in the program were restored within one to four months. Out of the 33% of the defendants who had not been restored, the percentage of defendants who were found to be unrestorable was 28%.¹²⁻¹³

Georgia

Georgia developed its outpatient competency restoration program in 2008. Limited information on the program has

^x Information on the location of the services (e.g. outpatient clinics) and the frequency that the defendants receive these services (e.g. twice a month) will be reported when the data is known and/or available.

been made publically available, but based on the information that has been made public, it appears that the program has a restoration rate of 77.5%. The remaining 22.5% of defendants were unrestorable.¹²

Hawaii

In 2007 Hawaii developed an outpatient competency restoration program in a community mental health center. The program is run by Hawaii's Department of Health.¹³ Defendants charged with misdemeanor offenses or non-violent felonies are eligible to participate in the program.¹³ Approximately 95% of the defendants admitted to the program have been restored and most have been restored within 3 months. The remaining 5% of defendants were unrestorable.¹²⁻¹³

Louisiana

Louisiana's outpatient competency restoration program was developed in 2006 to admit defendants found incompetent to stand trial, are not dangerous, and who do not require the level of care provided in an inpatient settings.¹⁴ According to Louisiana's Department of Health (2010), outpatient competency restoration programs tend primarily to get referrals for defendants who are non-dangerous and have been convicted for or accused of a misdemeanor offense(s) or a minor drug offense(s). The

only other way defendants can receive these services is if they are referred by a District Forensic Coordinator^{xi}.¹⁴ Defendants who are eligible to participate in competency restoration services on an outpatient basis may be released to the community providing they adhere to certain conditions imposed by the court. Outpatient competency restoration services are provided by Louisiana's Department of Health.¹⁴ Over the years, Louisiana's OCR programs have restored 55% of their defendants. These defendants are typically restored within a year. Only 10% of Louisiana's OCR program defendants have been found unrestorable.¹⁴

Minnesota

Minnesota has implemented several pilot OCR programs. The most recent was developed in Olmsted County. In 2016 the county received grant money from Whatever it Takes initiative to develop a pilot OCR program.^{28,29,30} Minnesota's OCR programs are still being piloted. As a result, information on their effectiveness has not yet been made available to the public.³⁰

^{xi} In Louisiana, part of the role of the District Forensic Coordinators is to provide competency restoration services within outpatient settings (jail and community-based settings) and to regularly update the court on the status of their IST defendants (Louisiana's Department of Health, 2010).

Nevada

Nevada's outpatient competency restoration program was developed in 2003.¹² Results suggest that the program has helped defendants regain competency. The restoration rate for Nevada's outpatient competency restoration program is 50%. Approximately 30% of defendants who have been admitted to the program have been found to be unrestorable.^{12-13,28} On average, the program restores defendants within three months.^{12-13,28}

New York

In 2012 New York's Criminal Procedure Law was amended to allow for outpatient competency restoration.³¹ Offenders under temporary orders of observation or under commitment orders may be admitted to an outpatient competency restoration program. Defendants who are put under these orders have committed felony crimes.³² According to the New York Office of Mental Health (2013) the amendment to the Criminal Procedure Law does not place any restrictions on the types of felons that can be referred for outpatient competency restoration. There are, however, certain criteria that make defendants more optimal candidates. These criteria include: not being dangerous, having stable housing and/or

community supports, not having a substance use problem, not having a severe medical disorder or unique medical needs, and willingness to cooperate.³² The effectiveness of New York's OCR program(s) has not been published.

Ohio

Ohio developed its Outpatient competency restoration program in 1997.¹² Data suggests that Ohio's OCR program has a restoration rate of 80%.¹² Of the remaining 20% of defendants who have been admitted to the program, 15% were unrestorable. Data collected on the program indicates that the average time that it takes to restore a defendant is roughly 2 months.¹²

Oregon

In 2008 Oregon developed its outpatient competency restoration program. The program has demonstrated success in restoring enrolled defendants over a short period of time. The restoration rate for Oregon's OCR program is 67%. The remaining 33% were found to be unrestorable. Of those restored, most of the defendants were restored within 3 months.¹²

Tennessee

In 2003 Tennessee developed its outpatient competency restoration program.¹² Limited information has been made publically available on this program.

Of the information available, the average length of time that it takes to restore defendants has been reported to be approximately six months.¹²

Texas

In 2008 Texas piloted its outpatient competency restoration program by developing four outpatient competency restoration programs in four urban counties.^{12-13,24} Since 2007 Texas has developed another eight programs.^{12-13,24} Each program is unique and all are located in different counties. The state does not provide the counties with any uniform standards related to the development of the outpatient restoration programs.^{13 33} As a result, each outpatient competency restoration program uses different criteria to determine whether or not a defendant is an eligible candidate.²⁴ The most common criteria used across these programs are criminal history, clinical judgement, risk assessments for violence, and number of prior hospitalizations.^{9,12,24,34} There are other factors that can influence the selection process. These factors include: the charges against the defendant, whether or not the defendant was willing to participate in the program, results from the competency evaluation, medication compliance, medical history, housing status, whether or not they had support from their family, and the

likelihood that they would commit another offense while in the program.^{9,24,35}

Just like with the criteria used to determine eligibility, Texas' outpatient competency restoration programs also vary in the types of services that they offer. The specific services provided at each outpatient competency restoration program are based on the needs and resources of the county.^{13,34}

To illustrate, one of the OCR programs allocates funding to assist defendants with housing, while another OCR program uses its resources to provide its defendants with an extensive variety of non-competency related mental health services.^{13,24}

The differences between Texas' OCR programs make it difficult to compare them. Aggregate data on the OCR programs suggests that their restoration rate is 77%. Lastly, these OCR programs typically restore defendants in four months.^{9, 12-13,24,28}

Virginia

Virginia implemented its outpatient competency restoration program in 2008.¹² OCR services are provided to defendants who are released on bond. The services are typically provided in the Community Service Board building or the defendant's residence.^{13,35} Since the development of its outpatient competency restoration programs, Virginia has tried to create uniformity

among its programs through the development of a centralized forensic office. Originally, the outpatient competency restoration programs lacked standards for practice and varied on the types of services that they offered. In order to standardize training, Virginia's forensic office developed a standardized curriculum that it uses to train its forensic clinicians/counselors. Uniformity among the outpatient competency restoration programs was also fostered through the forensic office's development of standardized competency restoration tools.^{13,36} Limited information has been made publically available on the program. Data that is available on the program indicates that 64% of defendants admitted to Virginia's program were restored while the remaining 36% were unrestorable.^{9, 12-13,24,28}

Wisconsin

Wisconsin developed its outpatient competency restoration program in 2008 in Milwaukee. The program originally was designed to serve defendants in Milwaukee County, as well as those from neighboring counties.¹² Recently, the program has spread to another 27 counties. Wisconsin accepts defendants who are not dangerous, are stable enough to be released into the community, are willing to participate/cooperate, and

have a place to live.¹²⁻¹³ Having transportation and avoidance of drug or alcohol use are additional criteria that can also increase eligibility a defendant's for outpatient treatment services.^{36, 37}

Information collected on the program indicates that the program has been very successful. Since Wisconsin's outpatient competency restoration program was developed, 79% of defendants have been restored, most in less than four months. A little over 20% of the remaining defendants who were admitted to Wisconsin's outpatient competency restoration program were found to be unrestorable.¹²

Residential Rehabilitation OCR Programs

While OCR programs are typically characterized as community-based programs, there are other types of OCR programs. One of these types includes residential rehabilitation programs. The structure of these programs varies between states.

Louisiana

Louisiana has two Forensic Supervised Transitional Residential and Aftercare (FSTRA) programs that are designed to accept forensic patients who have been ordered by the court to receive treatment/restoration services or who are on

conditional release.¹⁵ Incompetent to stand trial (IST) defendants are typically referred to these programs by the state psychiatric hospital.^{38,39} Each program accepts a different type of IST defendant^{xii}. One residential program is located in Baton Rouge.¹⁵ This program has 40 beds and admits IST defendants who have been found to be unrestorable and is designed to help them learn: daily living skills, how to manage their mental health symptoms, what their legal rights are, and how to manage their medications.¹⁵ The second program, based in New Orleans, is a 28 bed program (22 beds dedicated to male patients, 6 beds that can be used by male or female defendants) designed to admit pre-trial defendants who have been found IST but are believed to be restorable.¹⁵ These facilities are still relatively new and as a result, there is limited information on the IST populations that these facilities serve (e.g. restoration rates).^{15,38}

Texas

In 2011 Texas' Department of Human Services opened up residential rehabilitation units in three of its state

^{xii} Based on the CST evaluation, a judge can rule that an IST defendant is restorable (a.k.a. it is believed that the defendant can regain his/her competency to stand trial) or unrestorable (a.k.a. the defendant is believed to not be able to regain his/her competency).

psychiatric hospitals.⁹ In regards to IST defendants, the units were designed to treat/restore IST defendants who were unlikely to be restored in the foreseeable future but had not had their charges dismissed by the court.⁹ The main difference between these residential rehabilitation units and the inpatient units were that the residential rehabilitation units had lower security levels and fewer staff workers.⁹ Individuals placed in these units were typically perceived to not be a danger to themselves or others, unlikely to flee/escape, able to handle their own basic needs, did not require constant care by a skilled nurse, and willing to adhere to a treatment plan.⁹

Washington

In Washington, defendants found incompetent to stand trial can be diverted from state psychiatric hospitals by being placed in a residential treatment facility. Washington has two residential treatment facilities dedicated to competency restoration services Yakima and Maple Lane.^{5,7-8} The residential treatment facility in Yakima can accommodate approximately 24 defendants.^{5,7} The Maple Lane facility is slightly larger and can accommodate up to 30 defendants.⁵

Defendants are admitted to these facilities for 90 days. After 90 days have

passed they are re-assessed to determine if they have regained their competency to stand trial. Very few defendants are believed to be unrestorable within the foreseeable future.^{5,7-8} If a defendant^{xiii} is not restored but is believed to be restorable he/she may be re-admitted to the program for an additional 90 days. Defendants can occasionally be transferred from the residential treatment programs to a state psychiatric hospital if they require more intensive services or supervision. Data from 2018 indicate that very few defendants were found to be unrestorable, recommended for additional restoration periods, or transferred to a state psychiatric hospital.^{5,7-8} Most defendants are restored at these residential treatment facilities within 45 days. Data from 2016 indicates that the average length of stay for a patient at Yakima was 1.37 months and 1.12 months for Maple Lane.⁵

Wisconsin

In Wisconsin, defendants who have been found incompetent to stand trial who could be served through an outpatient treatment program but who have not had their charges dismissed can be admitted to the Wisconsin Resource Center for

^{xiii} This, in particular, pertains to defendants accused of felony crimes. In Washington, defendants accused of misdemeanor crimes are not required by law to undergo additional restoration services.

competency restoration services. The Wisconsin Resource Center admits defendants who have been transferred from the Department of Corrections.¹⁶⁻²⁰ While information has been collected on the Wisconsin Resource Center, limited information is available regarding the number of defendants in the competency restoration program and the outcomes of the program.

Other Types of Alternative Programs

In 2009 a new program was developed in the state of Florida for handling IST cases. The program has multiple components. A separate section has been dedicated to this program because of its uniqueness.

Florida

Between 1999 and 2007 Florida saw a 72% increase in the number of forensic defendants being sent to its state psychiatric hospitals.^{3,4} In response, the Miami-Dade Forensic Alternative Center was developed in 2009. To be eligible for this program a defendant must be found incompetent to stand trial, over the age of 18, have committed a minor felony, and must not have a previous history of committing violent offenses and/or have a prior first

degree felony charge. Defendants admitted to the Miami-Dade Forensic Alternative Center are placed in an inpatient facility, where they are provided with treatment and restorations services, until they are stabilized.³ Upon stabilization these defendants are transferred to a secure residential treatment facility.³ Once their competency is restored measures are taken to develop a treatment plan that will allow them to be placed/moved into the community.³

The Miami-Dade Forensic Alternative Center has reported many benefits. One is its low recidivism rate. Data on the program suggest that, since 2009, only a small number of defendants who have been placed in the program have been re-arrested.⁴ Another benefit is that the Miami-Dade Forensic Alternative Center provides defendants with a continuum of care. Most importantly, the program is designed to help defendants access their federal benefits. This is crucial because accessing these benefits will allow these defendants to receive treatment services and housing once they are discharged from the program.³ Lastly, the program offers tools to assist defendants in refining their living skills, establishing community relationships and

supports, and developing certain levels of autonomy.³

Limitations

As noted previously, laws regarding OCR programs, the, exclusion/inclusion policies of OCR programs as well as the structure of these programs may differ across, and within, states.^{9,12,14,23-24,26,34} This complicates both between-state and in-state comparisons. Some of the differences between programs may be attributed to program differences such as: patient population size, inclusion/exclusion criteria (e.g. allow misdemeanants and felons, only misdemeanants), and patient population composition (e.g. types of disorders, severity of disorders).^{9, 12-13,24,33-35,37-38}

These differences between OCR programs are important to consider when comparing OCR programs to inpatient competency restoration programs. A state's OCR program may have a higher restoration rate but that may be related to the fact that it serves a smaller number of defendants. This statistic, as well as the average length of time until restoration, may reflect the differences in who is being admitted to the OCR programs. If IST defendants accused of committing low level offenses who do not pose a risk to the public are being sent to the OCR programs, than that would mean that

IST defendants accused of more serious crimes and/or who pose a threat to the public are being admitted to the state's inpatient competency restoration program(s).^{12-13,23-24,26,28} These types of differences increase the complexity of the situation and make it difficult to compare the effectiveness of OCR program to inpatient programs. This is especially true when attempting to compare the cost effectiveness of OCR programs.

Many states with OCR programs report saving money. However, it is difficult to ascertain if these cost-saving analyses are looking at all the components required to sustain an individual in the community (e.g. cost for housing, food, transportation) or if the costs are solely those associated with the amount that states are spending on the restoration services themselves.^{9,12,14,23-24,26,34} Additionally, comparing costs savings of OCR program to inpatient programs is difficult since OCR programs can vary from inpatient competency restoration programs (as well as other OCR programs) on components such as: the education level of staff members, hours spent providing restoration services, and whether or not restoration service are provided in a group or individual setting.^{9,12,23} There appears to be a limited number of publically available studies that provide a detailed examination

into the cost-effectiveness of one or more OCR programs. As a result, it is hard to estimate how much money OCR programs, as a whole, save their states annually.

Conclusion

The purpose of this paper was to provide a current, comprehensive list of states that have developed, or are developing, OCR programs.¹² While a dedicated effort was made to identify every state with an OCRP program, it is possible that other OCR programs exist and/or are being developed.

With the exception of Gowensmith, Frost, Speelman, Therson's (2016) study, there appears to be limited research comparing OCR programs at a national level. As noted previously, the lack of standardization between OCR programs (both between and within states) makes comparing this information difficult. Despite these limitations, the data that has been collected on OCR programs appears to suggest that they are successful. Most of the OCR programs restored over 60% of defendants. Though each program may vary by state law, policy and practice on certain parameters regarding the provision of restoration services (e.g. in terms of time to have repeated evaluations, time to court adjudication), the data that has been made

available on OCR programs demonstrates their effectiveness in restoring IST defendant over short periods of time. Most of the OCR programs for which data is available have been able to restore their defendants within half of the time of inpatient programs.^{9,12-13,23-24,26,28} However, such findings may be impacted by eligibility criteria. In essence, the criteria used to determine if a patient can be accepted into the program (e.g. lack of serious medical disorders) defendants admitted to these programs may impact the likelihood that the individual will be restored and the time that it takes to restore the defendant. Defendants who are excluded from the program, on the other hand, may have predispositions (e.g. more serious mental health disorders, medical disorders) which reduce the likelihood that they will be restored and/or complicate the restoration process.^{12-13,24,33-35,37-38}

Information that has been collected on these programs also suggests that they are cost-effective.^{9, 12-13,23-24,26,28} Despite this information, the lack of standardization amongst these programs strengthens the need for additional research on the effectiveness of these programs. This is especially warranted as more states with

access to different resources are considering implementing these programs.

In the end, the data collected on existing programs suggest that they may be a good resource for restoring IST defendants who do not require inpatient level of care and can be treated within the community. Nonetheless, the differences between the state/counties that have these OCR programs (e.g. laws on the development of OCR programs, and availability of resources) and the OCR programs themselves (e.g. exclusion/inclusion criteria and their structure) should be considered when determining if the development of an OCR program is an appropriate for a specific state or county.^{9,12,14,23-24,26,34}

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