JUDICIAL CONFERENCE

July 2026

OKLAHOMA Mental Health & Substance Abuse

Topics of Discussion

1	**Legal standard**	What competency asks and what *Dusky* requires
2	**System movement**	Evaluation, court finding, restoration, and return to court
3	**Consent Decree**	What happened when the system did not move
4	**Court-usable information**	Usable QFE reports, quality review, and special conditions
5	**Triage and restoration**	Triage, location limits, restoration pathways, and medication questions
6	**Where we are headed**	Consistency, jail-based restoration, training, and court touchpoints

The Standard

Due Process and *Dusky* Criteria

Due Process requires that a defendant be competent to stand trial. *Dusky* gives the constitutional test for competency

1. The defendant must have a rational and factual understanding of the proceedings

Factual: Knowing the roles of the judge, jury, and prosecutor. Knowing the charges and possible penalties.

Rational: Understanding how the trial works and why certain choices (like pleading guilty) are made.

2. The defendant must be able to rationally consult with counsel and assist in the defense.

Ability to assist: Communicate relevant facts, consider advice, make decisions, and work with counsel in a rational way.

Applying *Dusky*

Diagnosis may explain the problem. Dusky asks whether the problem affects competency.

✕ Not enough

Does the defendant have symptoms, illness, poor judgment, or unusual beliefs?

? What matters

Do those affect understanding, decision-making, communication, or ability to work with counsel?

✓ Legal Question

Can the defendant understand the proceedings and rationally consult with counsel?

A useful report connects the clinical facts to the legal abilities the court must decide.

From *Dusky* to System Movement: How it Should Work

Competency Raised

The issue is raised and the court orders evaluation.

Useable QFE Evaluation

The report answers the legal question with facts and functional analysis.

Court Action & Findings

The order identifies competency status and the next legal step.

Restoration if IST

Treatment, therapy, or training begins without avoidable delay.

Return to Court

The case resumes, or the court moves to the appropriate civil path.

What happens when it doesn't work?

Consent Decree & System Change

How We Got Here

One statewide bottleneck

- OFC was the only Department-operated secure inpatient competency restoration hospital.
- When OFC did not have enough forensic beds, people waited in county jails.
- Some waited months for court-ordered restoration treatment.

The effect

- Criminal cases were stayed.
- Defendants remained in jail.
- Courts had orders but no timely movement.
- Restoration capacity absorbed pressure from every county.

The legal concern

- The case alleged due process and disability-law violations.
- The issue was not just treatment availability; it was whether the State could deliver court-ordered competency services on time.

The baseline problem: court orders existed, but the system could not consistently move people into restoration.

Consent Decree Highlights

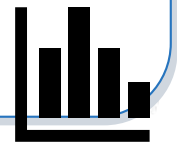
Entered March 10, 2025 – addresses delays in Oklahoma's competency system

What the Decree does

- Turns the competency problem into a statewide implementation obligation.
- Requires a Plan, monitoring, reporting, and correction when the system stalls.
- Focuses on timely evaluations and timely restoration treatment.
- Measures whether people move from court order to restoration without avoidable delay.

Waitlist movement

Reduce the number of people waiting in jail for restoration services.



Evaluator capacity

Improve evaluator availability, training, monitoring, and report quality.

Clinical practice

Improve how restoration treatment is delivered and documented.

Placement options

Build pathways beyond one inpatient facility where legally and clinically appropriate.

What ODMHSAS Had to Change

The Decree required ODMHSAS to move from a facility response to a competency-system response.

1	**Reevaluate the waitlist**	Reevaluate individuals currently waiting for restoration to determine whether they had been restored or were unlikely to be restored.
2	**Stop relying on the old in-jail model**	Wind down the prior statewide in-jail restoration program and redirect resources into approved pathways.
3	**Increase restoration capacity**	Plan for additional inpatient forensic beds and improve staffing and facility standards.
4	**Triage placement and treatment**	Create a triage process to identify clinical need, priority, and appropriate placement.
5	**Improve evaluations and training**	Strengthen QFE approval, monitoring, reevaluations, and training for court and county partners.

Competency Waitlist Progress

BASELINE

March 2025

Waitlist	Avg. wait
289	216 days

ONE YEAR LATER

March 2026

Waitlist	Avg. wait
216	101 days

CURRENT SNAPSHOT

May 2026

Waitlist	Avg. wait
203	104 days

1 — 2 — 3

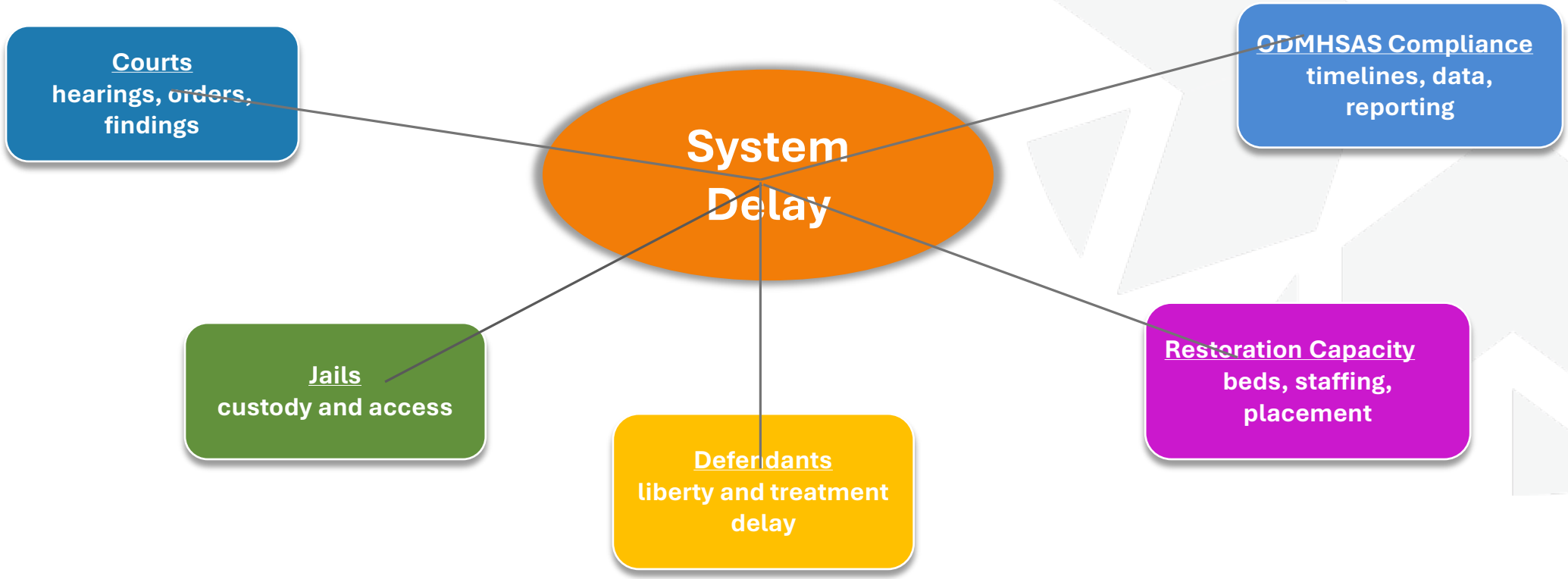
NET CHANGE SINCE MARCH 2025

Waitlist down 86 people ≈ 30% reduction

Average wait down 112 days ≈ 52% reduction

The Balance

Delay in one part of the competency system pushes pressure onto every other part.



This why the Decree requires a system response, not a one-facility response.

Forensic Services Division

Central oversight

- Establishes larger system processes
- Identifies system gaps and needs
- Creates a hub for case communication and document processing

Movement and coordination

- Tracks population movement
- Centralizes documents and communication
- Connects courts, facilities, jails, evaluators, and legal

Long-term stabilization

- Supports training, compliance, and implementation
- Improves statewide consistency
- Creates structure beyond one facility

Achievements and Hurdles

ODMHSAS has begun converting known barriers into structure, process, and statewide coordination.

Centralized forensic coordination

- Forensic Services Division created
- Statewide case communication moved to Central Office

Portal and case tracking

- Centralized document storage expanded
- Population movement and case needs tracked more consistently

Evaluator system strengthened

- QFE training structure established
- Mentorship, report review, and concern response process built

Triage process pilot

- Clinical acuity and placement needs identified earlier
- Special issues flagged before they become stuck points

Restoration practice improved

- Structured restoration modules underway
- Additional groups support medication education, communication, substance use, and daily living skills

Capacity pathways moving

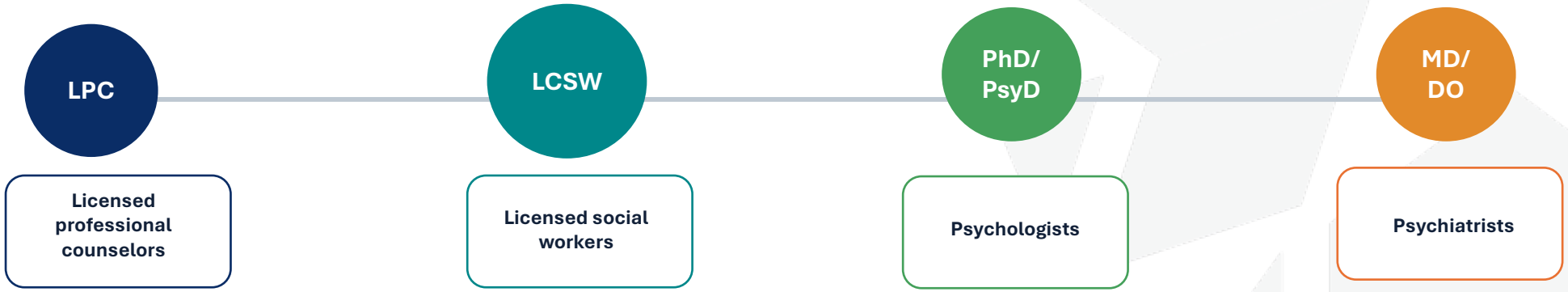
- GMH restoration planning underway
- Jail-based restoration planning
- Community-based restoration planning

Evaluations/Evaluators

Qualified Forensic Evaluator (QFE)

A QFE is a licensed mental health professional at the master's or doctoral level, licensed in Oklahoma.

Eligible Licenses:



Nondoctoral limitation: A nondoctoral QFE may not conduct competency evaluations on first-degree felony cases or violent crimes such as murder, rape, robbery, assault, or incest.

Transfer may be requested when necessary, due to conflict of interest or professional concerns.

Qualified Forensic Evaluator (QFE)

Training expectations before approval and after placement on the evaluator roster.

Initial Training

- All QFEs must attend ODMHSAS-approved Initial Evaluator training to begin the process.
- Training is a 2½-day course.
- Covers best practices for evaluation, interviewing, and report writing.
- Includes ODMH administrative requirements and legal updates.

Ongoing Training

- Twelve hours of annual continuing education are required for all evaluators.
- Continuing education is provided by ODMHSAS.
- Training focuses on report writing, evaluative skills, legal updates, and quality improvement.
- Sessions are available in 3-hour blocks, held quarterly, and must be attended in person.

2 ½ days of initial training before start of the approval process

12 hours of annual continuing education required

Qualified Forensic Evaluator (QFE)

Mentorship structure, technical assistance, and formal approval

Oversight + Assistance

- Technical assistance
- Mentorship to all QFEs

Region / Catchment

- Assigned by region
- Rotates annually

Mentor Team

4 psychiatrists and/or doctoral-level psychologists

Monthly Check-ins

- At least once per month
- First 12 months

Report Review

- First five reports
- Then 25% of caseload

After 12 months of successful mentorship, a QFE will be considered formally approved.

Qualified Forensic Evaluator (QFE)

Two safeguards keep evaluations court-usable: a concern process and roster maintenance.

Concern Response

1. **Concern Raised** — Court or attorney contacts ODMH
2. **Mentor Contact** — Mentor contacts QFE within 72 hours
3. **Review** — Concern and evaluations are reviewed
4. **Formal Reply** — Reply documents how concern was remedied

Roster Maintenance

24-month formal review
Mentor team reviews roster accuracy

Adjust as needed
Additions and changes keep the list current

Publish roster
Posted on ODMH website

Special Conditions

These conditions do not decide competency by themselves, but they may affect whether the standard evaluation or restoration process will work.

- Malingering
- ID / DD
- Communication Barriers
- Dementia / Neurocognitive
- Delirium / Medical Instability

The condition is not the answer

A diagnosis or condition does not decide competency by itself. The legal question remains whether the defendant can understand the proceedings and rationally assist counsel

Require the report to explain the limit

The condition may affect whether standard evaluation, standard restoration curriculum, or usual restoration timelines will work without added supports or a different approach.

Order the next step clearly

The court may need a DHS evaluation, records, collateral information, a specialist, interpreter support, or stabilization.

Stabilization/Triage

Forensic Services Triage Policy

Policy Goal: **Swiftly identify persons with treatment needs under 43A O.S. § 1-103 and use uniform clinical and administrative criteria to prioritize placement and treatment.**

The focus is movement through the competency system with the right level of clinical attention at the right time.

1 Initial Triage: Identify Clinical Need

Every person entering or already within the Oklahoma Competency System is triaged upon initial competency evaluation.

2 Clinical Review

Licensed Mental Health Provider staff complete a new triage screening when symptoms or behaviors warrant an update.

3 Updated Priority

The triage level is updated to support appropriate placement, treatment, and movement.

Triage

- Pre commitment order triage
  - Someone from the Forensic Services team will reach out to make you aware of the situation
  - Placement options
  - OR Bond
  - Steps after stabilization

- Post commitment order triage
  - Appropriate placement is located
  - What does this do to place on the waitlist?

What helps triage work:

Tell us early

Share concerns

Note medical / ID-DD / dementia

Location Limitations

Location does not change the court's ability to order restoration; it affects access, coordination, and treatment implementation.

Jail

Access varies by facility: some allow access to consumers, and some allow limited access or none at all.

Mental health medication and management support implementation may depend on security, staffing, and space.

DOC

Access depends on DOC operations, medical process, and facility rules.

Different custody and treatment environment. Coordination is needed before any ODMHSAS involvement.

Restoration

Restoration – Beyond One-Size-Fits-All

To make restoration curriculum more effective, ODMH has begun:

Structured modules

- Allows for targeted learning
- Provides for various educational needs
- Provides access to 1:1 instruction when needed

Additional supportive groups

- Substance use modules, including relapse prevention
- Communication skills
- Medication management and education
- Activities of daily living and life skills

Changes are intended to make restoration more individualized, practical, and responsive to treatment needs.

Restoration – Where Is It Happening?

- Oklahoma Forensic Center – Vinita
- Griffin Memorial Hospital – Norman
- How does this effect the waitlist? Who goes where?

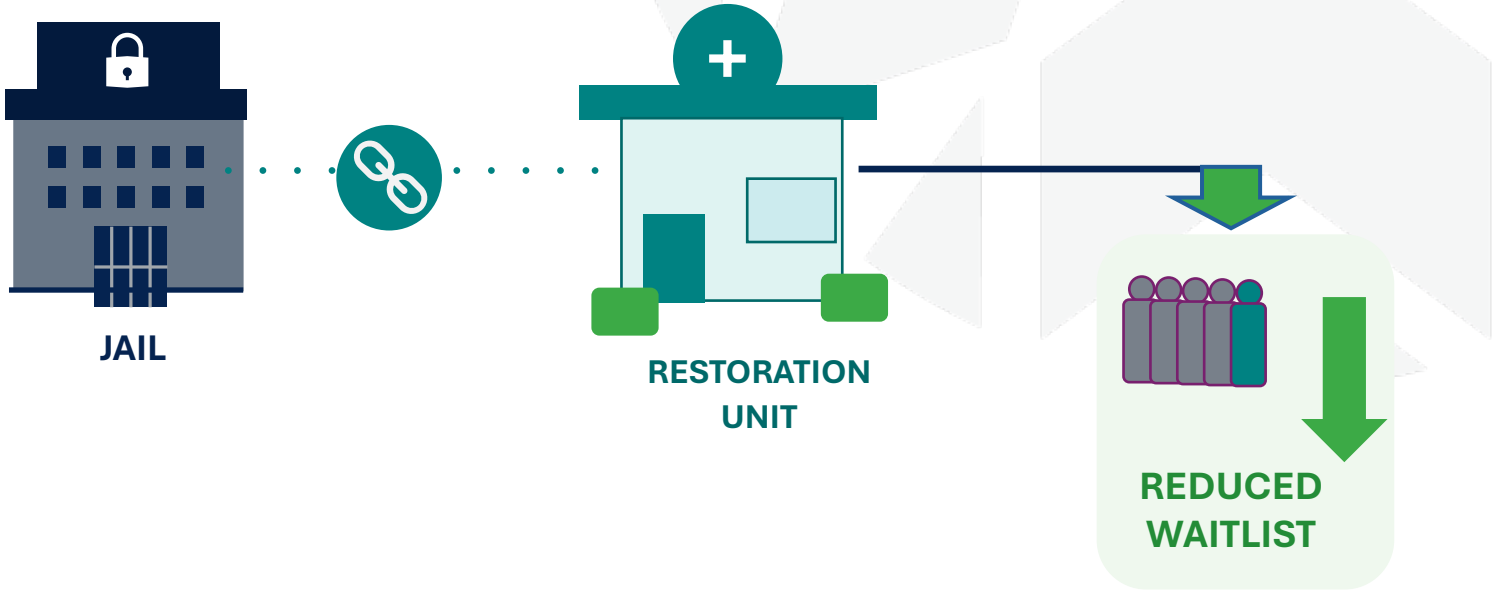
ODMH is creating a structure to support regional restoration programing.

Where We Are Headed

Jail Based Restoration

Tulsa County

- Currently speaking with national providers
- A unit within the county jail
- Waitlist impact



Consistency is Key

County A
Different court

County B
Different docket

County C
Different local practice

Same Core Expectations

Answer the legal questions

Explain functional ability

Document barriers or limits

Identify next steps

Legislative Initiatives

Training and Support

Questions?

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