

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-S-09FL

Please provide the following information, adding space as necessary:

State: Florida – Department of Children and Families

Assign Program Category (applicant): Children and Families

1. Program Name

The “CompKit: Competency Recovery System

2. Administering Agency

Department of Children and Families – Florida State Hospital

3. Contact Person (Name and Title)

William H. Janes, Assistant Secretary for Substance Abuse and Mental Health

4. Address

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8. Web site Address

Not applicable

9. Please provide a two-sentence description of the program.

Florida State Hospital has developed a kit of comprehensive educational tools from local, state and national resources, including direct consumer involvement, as an evidence-based approach to competency restoration for criminal defendants. The “CompKit,” a kit of judicial competency education and application materials, includes several components designed from both the needs of the practitioner who provides the training as well as the resident consumer who receives benefit from the training.

10. How long has this program been operational (month and year)? Note: the program must be between months and 5 years old on March 1, 2008, to be considered.

The CompKit was introduced into Forensic Services in early 2006 and entered hospital-wide use in fall 2006.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The program was designed to improve the competency restoration effectiveness, the competency restoration training process and to decrease the length of stay for individuals found by the Court to be Incompetent to Proceed due to mental illness and admitted to the hospital. During the state fiscal year 2004-2005 Florida State Hospital was having difficulty meeting the statewide target of 139 days to restore individuals to competency. FSH began a study of causative and predictive factors to evaluate this issue. This tool kit was developed to address this issue from factors identified through the study in order to meet a new target of 125 days to restore individuals to competency.

12. Describe the specific activities and operations of the program in chronological order.

- In state FY 2004-2005 Florida State Hospital initiated an evaluation on the number of days to achieve competency with associated contributing and predictive factors for its residents.
- In FY 2005-2006 a follow-up project was developed to address a resident motivation factors identified from the previous study, and to improve the competency training process.
- Held focus groups with staff and residents for ideas and suggestions.
- Training of staff on the CompKit began in early 2006.
- The CompKit was introduced into Forensic Services in early 2006.
- Training of additional staff began in the summer of 2006.
- The CompKit was introduced hospital-wide in fall 2006.
- The major revision to the tool kit was completed in September 2007.
- Implemented at Apalachee Center in Tallahassee, and staff training was provided.
- The CompKit was presented to the National Association of State Mental Health Program Directors Forensic Division in San Antonio, Texas, in September 2007.
- Fulfilled requests from most states and various state programs for copies of the CompKit to be delivered for review. This is continuing to the present day.
- The CompKit has been implemented in Texas and Hawaii forensic programs as a best practice, and is being reviewed by many other states from Connecticut to California for implementation, since September 2007.
- Outcome evaluation of CompKit began in October 2007 and will continue for twelve months.

13. Why is the program a new and creative approach or method?

The first-ever comprehensive competency recovery kit is both unique and original, and provides essential educational materials that enhance individuals' competency to proceed to trial and the practitioner's skills and ability to provide effective competency recovery training services. By expediting and improving the effectiveness of this treatment and training, this saves the taxpayers money per person served and promotes individuals returning to Court more quickly to face their criminal charges.

14. What were the program's start-up costs? (Provide details about specific purchases for the program staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The CompKit was developed and implemented within hospital resources.

15. What are the program's annual operational costs?

The CompKit was developed and implemented within hospital resources.

16. How is the program funded?

The CompKit was developed and implemented within hospital resources.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

The program did not require the passage of legislation.

18. What equipment, technology and software are used to operate and administer this program?

The study which led to creation of the CompKit required development of an inpatient rating tool by the development team to collect data on competency factors and predictors. Data were analyzed by multiple methods using computer statistical and analytical software to understand the dimensions of competency restoration for individuals at Florida State Hospital. The CompKit was created using computers and computer software so that the Kit could be printed and bound for distribution using printing technology. Filming of the mock trial video and the game show video required the use of various multimedia hardware technology and computer multimedia software.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

Yes, Diane James, FSH Administrator, as well as Steve Lacy, Project Team Leader, Lawrence V. Annis, Ph.D, Project Partner, Ellen R. Resch, Ph.D., Project Partner, and Wayne Anderson, Ph.D. Project Partner, Florida State Hospital, PO Box 1000, Chattahoochee, FL 32324-1000, (850)663-7536, Diane_James@dcf.state.fl.us

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

A presentation of the CompKit at the National Association of State Mental Health Program Directors Forensic Division Conference in San Antonio, Texas, in September 2007 generated national interest for the program as a comprehensive model for competency restoration training previously existed. In addition to a community provider Apalachee Center in Tallahassee, Florida, both Texas and Hawaii have adopted and are using the kit as a National Best Practice. Many states from Connecticut to California are currently viewing it for potential adoption and use in their forensic programs.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

The CompKit has been fully implemented within Florida State Hospital, and is currently undergoing implementation nationwide as a National Best Practice. In moving forward, the team will be using the outcome evaluation process to look for ways to enhance the effectiveness of the training and to determine components that may be more helpful for certain groups of residents than others. Additionally, the team continues to use feedback provided by practitioners, residents and representatives of state forensic programs for ideas and suggestions to improve upon both the text and the practices. The team continues to refine and improve the materials to standardize within the state of Florida and elsewhere with the most updates completed in January 2008.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Since the use of the CompKit training, the hospital has been successful in meeting a statewide target of 139 days and a new state target of 125 days to restore competency of residents for several

consecutive months in 2007. It is anticipated that outcome evaluation will help impact the measure more consistently.

23. How has the program grown and/or changed since its inception?

The tool kit was substantially revised based on feedback by users of the educational materials. This has included focus groups being held with both practitioners and individuals admitted to Florida State Hospital for competency restoration. Feedback received from sources external to the hospital has also been requested and reviewed for potential improvements to the texts. The team is continuing to request feedback for improvements and application benefits.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

None known. The CompKit has thus far proven to be beneficial to both inpatient and out-patient populations, and the team feels that application limitations for competency recovery, including use in community jails and state prisons, is minimal.