CASE PRO
NETWORK 2.0



Best Practices and Time Standards for the Competency to Stand Trial Process

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Best Practices and Time Standards for the Competency to Stand Trial Process

The CasePro Network was created with support from the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge (SJC), which seeks to reduce overincarceration by changing how America thinks about and uses jails. Led by the Justice Management Institute, the CasePro Network aims to share successful case processing strategies from SJC and non-SJC sites and to build on the case processing work already underway in several SJC sites. Case processing delays have contributed to backlogs and excessive caseloads in courts, to the overuse of jails pretrial, and ongoing racial and ethnic disparities in the jail population. The network is designed to enable members to hear from other jurisdictions about their success with case processing elements, brainstorm and discuss common barriers to improving case processing, and learn how to mitigate bias and advance equity.

More information is available at www.SafetyandJusticeChallenge.org.

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1. Introduction

The CasePro Network, established in 2022, brings together jurisdictions to address challenges in criminal case processing and improve justice system outcomes. The Network is designed for prosecutors, judges, defense counsel, and other justice professionals interested in strengthening case processing and professionals from 15 counties across the United States.

The network has addressed case processing challenges primarily through facilitated virtual discussions on topics identified by network members. One area of particular interested was competency cases, which are often among the toughest to resolve and can significantly affect all justice system stakeholders as well as the individuals involved. In May 2025, the Justice Management Institute (JMI) held a mini-institute focused on each stage of the competency process and practices that can help move the competency process forward without undue delay. Additionally, the mini-institute featured presenters from three jurisdictions: the 8th Judicial District of Colorado,[1] the Atlanta Judicial Circuit of the Fulton County Superior Court, and the 2nd Judicial Circuit of South Dakota,[2] where competency cases are being resolved more quickly. These examples anchored the discussion among network members. Network members also shared their own practices and their perspectives on how long each stage of the competency process should take. The discussions and examples presented during the mini-institute provide the basis for this publication.

This publication is written for anyone whose work touches the competency process, including judges, prosecutors, defense counsel, court administrators, jail and hospital staff, community behavioral health providers, and the analysts who track these cases. Its aim is to provide a shared reference point for measuring and improving the time it takes to process a competency case.

This publication has three purposes. It first documents how the competency process works, how it differs across jurisdictions, and where participating jurisdictions have found success. It then proposes a set of aspirational time-standard ranges for each stage of the process. National time standards exist for criminal cases generally, including those published by the American Bar Association[3] and the National Center for State Courts[4], but none of them address competency cases. When a defendant enters the competency process, the criminal case clock typically stops, and the time consumed by evaluation and restoration goes unmeasured. A case can remain suspended for months or years with no party accountable for the delay. The ranges offered here are drawn from the practices of jurisdictions that are performing well and from the judgments of practitioners who work these cases daily. Consistent with the network's purpose, this publication is descriptive and evidence-based. It reports what jurisdictions are doing and what the polling data from the mini-institute show, and it frames the time standards as reference points that jurisdictions can weigh against their own performance and adapt to their own legal and resource contexts. The polling responses summarized throughout come from a small, self-selected group of roughly 15 to 16 participants and are illustrative rather than statistically representative.

The third purpose of the publication is to provide a five-step process for jurisdictions to improve how they handle competency cases. The difficulty is that the competency to stand trial process is not one system

[1] Larimer County, Colorado.
[2] Minnehaha County, South Dakota
[3] American Bar Association. (1992). Standards relating to trial courts (setting case-processing time standards for criminal cases).
[4] Van Duizend, R., Steelman, D. C., & Suskin, L. (2011). Model time standards for state trial courts. National Center for State Courts. https://ncsc.contentdm.oclc.org/digital/collection/ctadmin/id/1836/

but four. Court ordering practices belong to judges and the parties. The state agency and its contractors handle the evaluation process. Placement and waitlist management belong to the hospital and, increasingly, the jail. Restoration delivery belongs to clinical providers across all three settings. Progress in one does not necessarily change the others, and a jurisdiction can adopt every national best practice while its cases still stall at the seams between phases. The five-step process, used together with the time standards, is meant to counter that fragmentation by attaching a measurable interval and an accountable owner to each stage.

2. The National Landscape

In *Dusky v. United States*, 362 U.S. 402 (1960), the U.S. Supreme Court held that a defendant must have a sufficient present ability to consult with counsel with a reasonable degree of rational understanding, along with a rational and factual understanding of the proceedings. In *Jackson v. Indiana*, 406 U.S. 715 (1972), the U.S. Supreme Court held that the nature and duration of the commitment of a defendant found incompetent must bear a reasonable relationship to the purpose of restoration. Read together, these decisions establish that the competency process is time bound in principle, even where it is not measured in practice.

The gap between principle and practice is well documented. Most state hospitals maintain waiting lists of defendants ordered to receive competency evaluation or restoration services.[5] Reported waits run around 30 days in some states, while three states have reported forensic bed waiting lists of six months to a year. Florida cut its average forensic bed wait from 12 days to three by diverting two people a month from the forensic system, and Texas cut its bed wait from 61 days to 14 by reducing the average length of stay for competency services from 189 days to 186.[6] More recent federal guidance emphasizes that a single national waitlist figure understates the problem, because the delays are spread across several stages that are rarely counted together, including waits for evaluation, a hearing date, a hospital bed, and placement after restoration. The guidance also documents steep growth in demand, such as a tenfold rise in court-ordered restorations in one state between 2001 and 2017.[7] The Council of State Governments Justice Center has described this pattern as a national problem that consumes expensive clinical resources without improving the trajectory of the individual's life.[8]

National organizations have produced substantial guidance in response. Foundational works include the American Bar Association's Criminal Justice Standards on Mental Health, the Council of State Governments Justice Center's Just and Well, the National Center for State Courts' Leading Reform, the National Conference of State Legislatures' primer on competency to stand trial, and restoration and data resources from the Substance Abuse and Mental Health Services Administration.[9] These works converge on several themes, including diverting appropriate cases out of the criminal system, conducting evaluation and restoration in the community when possible, improving efficiency at each step, and collecting data. What the existing guidance does not provide is a concrete set of time expectations for the stages of the competency process. This publication addresses that gap.

The Featured Jurisdictions

Three jurisdictions anchor the examples throughout this publication, and each was featured in the mini-institute because its competency cases move more quickly than the national norm. They differ in size, case mix, and restoration options, which makes the comparison useful. Exhibit 1 below shows their basic characteristics, and the following sections describe their specific practices.

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[5] National Center for State Courts. (2021). Leading reform: Competence to stand trial systems (Version 2). https://cdm16501.contentdm.oclc.org/digital/collection/spcts/id/426

[6] *Id*.

[7] Substance Abuse and Mental Health Services Administration. (2024). Waitlists in the competence to stand trial system. https://www.samhsa.gov/sites/default/files/waitlists-competence-stand-trial-system.pdf

[8] Council of State Governments Justice Center. (2020). Just and well: Rethinking how states approach competency to stand trial. https://csgjusticecenter.org/publications/just-and-well-rethinking-how-states-approach-competency-to-stand-trial/

[9] See American Bar Association (2016); Council of State Governments Justice Center (2020); National Center for State Courts (2021); National Conference of State Legislatures (n.d.); and Substance Abuse and Mental Health Services Administration (2019, 2023). Full citations appear in the References.

	2nd Judicial Circuit (Minnehaha County, SD)	8th Judicial District (Larimer County, CO)	Atlanta Judicial Circuit, Fulton County Superior Court (GA)
Competency docket established	January 2022	July 2021	November 2023
Cases and defendants	22 defendants	285 cases / 133 defendants	290 cases / 223 defendants
Case types	Almost all felony	25% misdemeanor, 75% felony (no Felony 1; Felony 2 only if attorneys agree)	All felony (70% competency, 6% not guilty by reason of insanity, 24% civil commitment)
Restoration settings used	State hospital, jail, and community	State hospital and community (one jail-linked program)	Jail (55%), state hospital (35%), outpatient (10%)

Exhibit 1. Characteristics of the three featured jurisdictions.

3. The Competency to Stand Trial Process

The competency to stand trial process is divided into four stages: Motion to Determine Competency, Evaluation of the Defendant, Not Competent: Restoration Process, and Competency Restored: Case Resumes, as depicted in Exhibit 2 below. This section explores how each part of the process differs by jurisdiction and offers examples of best practices.

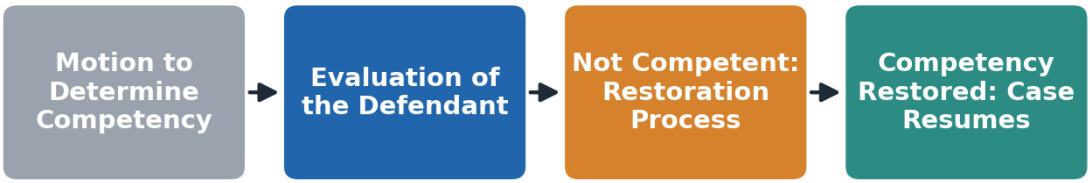


Exhibit 2. The four stages of the competency to stand trial process.

Motion to Determine Competency

The competency process begins when a party raises a concern about the defendant's competency and the court decides whether to order an evaluation. The mini-institute focused on the stages that follow, but the timing of this first step matters because the interval between the motion and the order sets the pace for everything after it.

Jurisdictions differ first in how quickly an evaluation follows a competency concern. In every jurisdiction, the defense, the prosecution, or the court may raise a doubt about competency under the standard set in *Dusky v. United States*, but what happens next varies. Some courts order an evaluation as a matter of course as soon as competency is raised, which is fast to initiate but commits clinical resources to every case, including those that a brief screening might have resolved. Others screen first. In the 8th Judicial District of Colorado, felony evaluations are ordered as soon as competency is raised, while misdemeanor cases are placed on the competency docket first, and the decision whether to order an evaluation is made at the first docket appearance roughly two weeks later. That interval gives the court an opportunity to consider alternatives, including diversion through the state's Bridges wraparound program,[10] or to stipulate to a finding based on a recent prior evaluation, before committing the case to a full evaluation.

Observed best practices include the following:

- Reserve the evaluation for cases where it is genuinely needed.
- Use a recent prior evaluation or collateral information to support a stipulated finding, where appropriate.
- Consider diversion or an alternate resolution before ordering an evaluation.

Because this step is largely administrative, a short interval is realistic. A reasonable aspirational range is **7 to 14 days** from the motion to the court's order, or to the docket appearance at which the ordering decision is made.

[10] Colorado Office of Civil and Forensic Mental Health. (n.d.). OCFMH transparency: Data dashboard. https://cdhs.colorado.gov/ocfmh-transparency

Evaluation of the Defendant

Once an evaluation is ordered, a qualified evaluator examines the defendant and submits a report to the court. Who conducts the evaluation, where it occurs, and how quickly the report is returned vary widely, and each featured jurisdiction has found a different method.

In the Atlanta Judicial Circuit, an Emory University team conducts evaluations for Fulton County rather than the state agency that serves the rest of Georgia. Evaluations are usually scheduled within two weeks of the evaluator receiving the case packet, and the report is generally returned within two to three weeks, which is well ahead of the rest of the state.[11] Most evaluations occur in the jail and are conducted by postdoctoral psychologists and forensic fellows in training.

In the 8th Judicial District of Colorado, the state Office of Civil and Forensic Mental Health conducts first evaluations. Colorado sets a statutory expectation of 21 days for in-custody evaluations and 42 days for out-of-custody evaluations.[12] The district comes close to meeting the in-custody standard, though out-of-custody timelines can slip to 60 to 90 days. The court has secured access to evaluators' calendars so that an evaluation can be scheduled directly from the bench, treats that date as a bond return date to improve attendance, uses a dedicated courthouse conference room for in-person evaluations, and offers a virtual option when necessary.

In the 2nd Judicial Circuit of South Dakota, the defense selects evaluators, and the circuit's main constraint is a small provider pool. A roster once thought to hold about 25 evaluators proved to contain only three or four who were still active. Record collection can also delay reports. Evaluations are conducted in the jail, at the evaluator's office, or at the attorney's office, and the court encourages a warm handoff from counsel for out-of-custody defendants who may need extra assistance.

Polling during the mini-institute reflected the same tension. When asked how long the interval from motion to evaluation report currently takes, participant responses clustered at two poles, with the largest groups reporting more than 75 days and 30 to 45 days, and a smaller group reporting less than 30 days.

Observed best practices include the following:

- Set a hearing date near the evaluation date to ensure attendance and provide an avenue for follow-up, if needed.
- Contract with a university or academic medical center to expand evaluator capacity and speed reports.
- Develop scheduling options so that the court can schedule an evaluation directly.
- Offer a virtual option when an in-person evaluation is not feasible, in limited cases.
- Hold in-person evaluations in a dedicated courthouse or jail space.

When asked what a reasonable standard would be, most mini-institute participants selected 14 to 30 days, with a secondary cluster at 30 to 45 days. A range of **14 to 30 days** from the order to the receipt of the report aligns with both practitioner judgment and the performance of the featured jurisdictions. In-custody cases warrant the shorter end of the range.

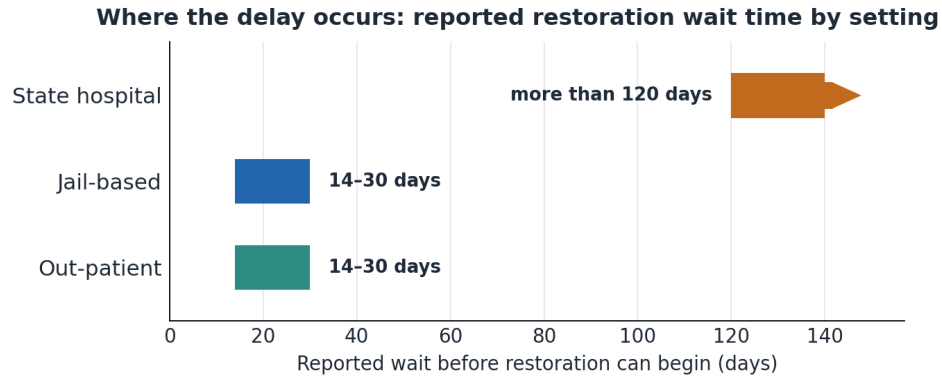
[11] Abusaid, S. (2025, January 14). Fulton judge looks to improve outcomes for mentally ill defendants. The Atlanta Journal-Constitution. https://www.ajc.com/news/crime/fulton-judge-looks-to-improve-outcomes-for-mentally-ill-defendants/F2B3PSAI3BGZJF4KQWLFFTASEQ/

[12] Colo. Rev. Stat. § 16-8.5-105(1)(a)(I) (2024). https://content.leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes.

Not Competent: Restoration Process

A defendant found incompetent is ordered into restoration. Restoration is delivered in one of three settings, and the choice of setting shapes both the challenges a jurisdiction faces and the time a defendant waits.

The polling data from the mini-institute show why the setting matters so much. When asked where restoration occurs, respondents most often selected the state hospital, and 9 of 15 reported using the jail and 8 of 15 reported using outpatient restoration. When asked about the wait before restoration can begin, most respondents reported more than 120 days for the state hospital, compared with a cluster at 14 to 30 days for both jail-based and outpatient restoration.



Source: participant polling, CasePro Mental Competency Mini-Institute (May 2025). The arrow indicates an open-ended wait beyond 120 days.

Exhibit 3. Reported wait before restoration can begin.

Location of Competency Restoration

Two factors generally determine where restoration occurs: the severity of the charge and the severity of the mental illness. The most acutely ill defendants, and those facing the most serious charges, are typically directed to the state hospital, while defendants who primarily need medication and stabilization can be served in the jail or, when they can remain safely in the community, through outpatient restoration.

Each setting carries its own challenges. The state hospital faces bed shortages and long waiting lists, and one faculty member reported that the wait on Georgia's statewide restoration list exceeds 12 months. The jail requires certification to provide restoration and depends on the cooperation of a sheriff who may not view the jail as a treatment setting; jails also face legal limits on the involuntary administration of medication. Outpatient restoration depends on medication adherence, stable housing, and reliable transportation, and it can raise public safety concerns. The featured jurisdictions show that each challenge can be managed.

The Emory and Fulton County Jail Competency Restoration Unit runs a pod inside the jail with 16 cells. Once the unit's doctors find a person incompetent, no separate order is required, and the person is placed on a screening list immediately. Clinicians review gang affiliation, separations, incident reports, and medical records, then recommend one of three pathways: the hospital waitlist, a mobile legal education track with weekly face-to-face contact, or the restoration pod itself. In the pod, each participant is assigned a psychiatrist who sees them weekly and a clinician for one-on-one work, and the team is present five days a week. Because the unit operates on site, it can enroll a person at any point during the wait, including someone who has been waiting months but has begun to improve.

In Minnehaha County, South Dakota, the county sheriff obtained certification for the jail to provide restoration services, and a few other South Dakota jails have since followed. That capacity lets the circuit reserve the state hospital for those who are most acutely ill, while the jail serves the majority who primarily need stabilization, often within weeks to a couple of months. The jail also accepts competency transfers from other South Dakota counties whose jails are not certified. In one example, a woman in Aberdeen who had waited roughly nine months for a state hospital bed was transferred to the Minnehaha County jail and restored within six weeks. The circuit operates with fewer than 20 restoration beds statewide, which makes every efficiency count.

Colorado statute presumes that restoration will occur out of custody unless the evaluator recommends the state hospital.[13] A single provider, Summit Stone, delivers restoration services and serves on the competency court team to coordinate care. For defendants who remain in custody, a jail physician can prescribe medication, including long-acting injectables, and the 8th Judicial District operates the only Colorado jail currently authorized to administer involuntary medication, a tool it uses sparingly and with full due process. A work-release program provides housing stability, and the team locates participants who miss appearances rather than defaulting to a bench warrant. Every out-of-custody participant signs a plan addressing housing, medication, and the restoration schedule.

Observed best practices include the following:

- Diversify restoration settings so that no single setting becomes a bottleneck.
- Use a single, coordinated provider to align care across settings.
- Locate non-appearing participants and adjust plans rather than defaulting to bench warrants.
- Provide medication support, including long-acting injectables, in the jail.
- Certify jails to provide restoration so the state hospital can be reserved for the most acute cases.

The Competency Docket

A competency docket assigns competency cases to a single judge or a small set of judges, supported by a multidisciplinary team that regularly meets to review cases and their statuses before each hearing. The 8th Judicial District holds a weekly docket with a team meeting about the docketed cases three to four weeks in advance. The 2nd Judicial Circuit holds competency court twice each week and each session runs about 15 minutes because the parties and the court receive an update on every defendant beforehand. The Atlanta Judicial Circuit assigns competency cases to one judge.

Faculty attributed several improvements to the docket structure. A single judge builds trust with the defendant and surfaces individualized problems that a rotating bench would miss. In one Minnehaha County case, regular hearings revealed that a defendant who needed a Swahili interpreter could not read Swahili and instead read a different dialect, a barrier that had been slowing his restoration. A dedicated docket also keeps cases from being lost, as shown by a Harris County, Texas, defendant whose case remained pending for 18 years because repeated jail bookings reset the tracking clock.[14] Regular review keeps cases moving, supported by a 90-day progress report in Georgia and a reevaluation every 91 days in Colorado. Virtual appearances, work-release housing, and Colorado's competency timeout provisions,

[13] Colo. Rev. Stat. § 16-8.5-111(2)(b)(I) (2024). https://content.leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes.
[14] Hart, A. (2025, March 24). How did a Houston-area man end up jailed for 18 years without a trial? Texas Standard. https://www.texasstandard.org/stories/edric-wilson-houston-harris-county-jail-18-years-without-trial/

under which low-level offenses are dismissed and higher misdemeanors and low-level felonies time out at set intervals,[15] all help manage the population without letting cases drift.

Proposed Time Standard Goal

Restoration is the stage least suited to a single fixed deadline, because its duration depends on the individual's clinical needs. Two components are proposed. First, restoration should begin within 14 to 30 days of the incompetency finding, a target the featured jurisdictions meet when they use jail-based and community options rather than relying solely on the state hospital. Second, progress should be reviewed on a fixed cadence, with a formal report at approximately 90 days, consistent with Colorado's 91-day reevaluation and Georgia's 90-day update requirements.

A tiered approach can make these goals realistic across very different cases. Because the appropriate setting already tracks the severity of the charge and the severity of the illness, the same tiers can anchor differentiated expectations. Lower-acuity cases suited to community restoration can aim for the shortest start and an early review, moderate-acuity cases suited to jail-based restoration can aim for a start within two to four weeks and review at 90 days, and the highest-acuity cases requiring the state hospital can aim for prompt placement as a bed becomes available with a firm 90-day review. Framing the goals by tier keeps the standard meaningful for a minor misdemeanor and a serious felony alike, and it makes clear that for the most acute cases the binding constraint is bed scarcity rather than clinical need. The tiers below are illustrative starting points rather than fixed rules.

Tier	Typical setting	Goal to begin restoration	Progress review
Lower acuity	Community (outpatient)	Within about 14 days	First review by 60 days
Moderate acuity	Jail-based	Within 14 to 30 days	Review at 90 days
Higher acuity	State hospital	As a bed becomes available	Firm review at 90 days

Exhibit 4. Illustrative tiered goals for the restoration stage.

Competency Restored: Case Resumes

Once a defendant is restored, the case returns to an active criminal docket for its next hearing. The interval between the restoration finding and that hearing is the final measurable stage, and the featured jurisdictions treat it as a scheduling problem to be solved in advance rather than a delay to be absorbed.

In the Atlanta Judicial Circuit, the goal is a hearing within two weeks, and the average ranges from two weeks to no more than a month. The competency docket judge keeps the case rather than returning it to the original judge, which preserves continuity and prevents the case from being lost,[16] and the judge also takes probation violation cases in which competency is later raised. In the 8th Judicial District, the outcome is rarely a surprise, because the team pre-clears the result before the hearing. Low-level cases without a victim are resolved within the competency docket, while more complex cases transfer to the original judge on a date that has already been cleared. In the 2nd Judicial Circuit, the court does not wait for the regular docket. When the restoration report arrives, the court emails the parties, and absent objection, the finding can be entered the same day or the next, which frees a state hospital bed for the next person on the list. The case then returns to the originally assigned judge.

[15] Colo. Rev. Stat. §§ 16-8.5-111(1.6), 16-8.5-116, and 16-8.5-116.5 (2024). https://content.leg.colorado.gov/agencies/office-legislative-legal-services/colorado-revised-statutes.
[16] Abusaid, S. (2025, January 14). Fulton judge looks to improve outcomes for mentally ill defendants. The Atlanta Journal-Constitution. https://www.ajc.com/news/crime/fulton-judge-looks-to-improve-outcomes-for-mentally-ill-defendants/F2B3PSAI3BGZJF4KQWLFFTASEQ/

Observed best practices include the following:

- Enter the restoration finding as soon as the report is received rather than waiting for the next scheduled docket.
- Pre-clear the next hearing date before the restoration hearing occurs.
- Resolve low-level cases within the competency docket.
- Keep the case with the competency judge to preserve continuity where feasible.

When asked how long redocketing currently takes, less than 14 days was the most common response from mini-institute participants, and when asked what a reasonable standard would be, participants most often selected 7 to 14 days. A range of **7 to 14 days** from the restoration finding to the first hearing of the resumed case is consistent with practitioner judgment and with the performance of the featured jurisdictions.

4. A Framework of Time Standards

The ranges proposed throughout this publication are consolidated below. They are anchored in two sources of evidence, which are the demonstrated performance of jurisdictions that move competency cases efficiently and the judgments of practitioners who work these cases. They are offered as reference points, and jurisdictions should adapt them to their own statutes and resources. Restoration duration is excluded from the fixed ranges, because it depends on individual clinical need and is instead addressed through the tiered goals listed earlier.

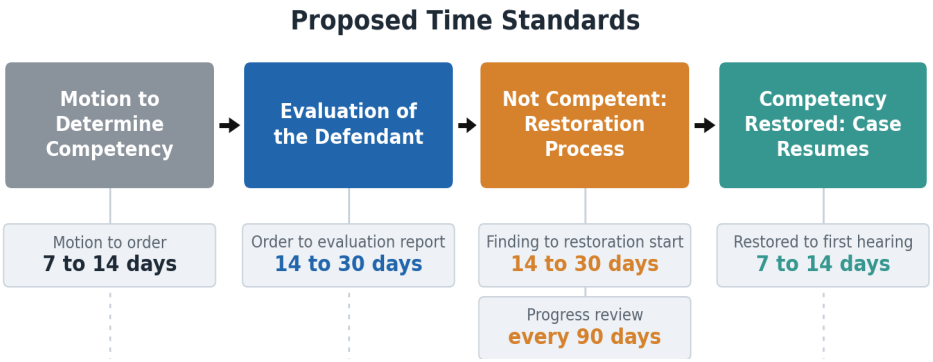


Exhibit 5. Proposed time standards.

5. A Five-Step Process to Improve the Competency to Stand Trial Process

A jurisdiction that wants to measure and improve its competency process can work through five steps. The steps are sequential, but they also form a cycle, because the data collected in the final step feeds the next system review. The work involved in each step is described below.



Exhibit 6. Five-step process.

STEP 1

Assemble a Multidisciplinary Team

Competency cases touch the court, the prosecution, the defense, the jail, the state hospital or its equivalent, community behavioral health providers, and often pretrial or case management staff. At this step, the work is to identify every agency with a role in a competency case, secure a standing commitment from each to participate, and designate a coordinator who can convene the group and keep it engaged between meetings. The featured jurisdictions attribute much of their progress to having these partners in regular contact rather than communicating case by case.

STEP 2

Conduct a System Review and Gap Analysis

With the team in place, map the current process from the first motion to the resumed hearing. The work is to pull a sample of past competency cases, document how long each stage took, and identify where cases stall. A gap analysis then compares current performance against the time-standard ranges proposed here and highlights the stages where the jurisdiction falls short. Several featured jurisdictions began in this way, convening stakeholders and reviewing past cases before designing their competency dockets.

STEP 3

Identify Missing Resources

The gap analysis will surface missing resources, whether evaluator capacity, restoration beds, community treatment slots, housing, or data infrastructure. The work is to catalog what is missing at each stage, distinguish gaps that require new funding from gaps that can be closed through coordination,

and prioritize the changes likely to yield the largest reduction in delay. Several featured jurisdictions found that a competency docket closed coordination gaps without new funding.

STEP 4

Explore Solutions Outside the Competency Process

Not every case that raises competency is best resolved through evaluation and restoration. The work is to identify cases, particularly low-level offenses, that could be diverted to treatment or resolved through a specialty docket, and to build off-ramps, including diversion, civil commitment, and dismissal with connection to services, that keep those cases out of a process that is both slow and resource-intensive. Reserving the competency process for cases that genuinely require it protects clinical capacity for the people who need it most.

STEP 5

Collect Data and Evaluate the Process

Sustained improvement depends on measurement. The work is to define the data elements to track, assign responsibility for entering and reviewing them, and return to the data regularly to test whether changes are working.[17] Data also build the case for additional resources when coordination alone cannot close a gap. The fields below, listed roughly in the order a case moves through the process, offer a starting point for tracking competency cases and the intervals between stages.

Data Elements	
Defendant or case number	Charges
Judge	Case status
Prior competency motions	Date competency questioned
Date of motion	Date of order
Type of order	Extensions and reasons
Evaluation date	Date of report
Report finding	Date report provided
Hearing date	Hearing result
Date ordered restored	Status hearing dates and count
Date restoration starts	Hearing date for case restart
Date of case resolution	

Exhibit 7. Sample case-tracking data elements for competency cases.

Once those elements are captured consistently, they can be summarized against the proposed standards. Exhibit 8 shows one illustrative arrangement. It divides the data into the same four stages used throughout this publication, separates the restoration stage into the wait before restoration begins and the full time to restoration, and reports each interval beside the standard proposed for it. *See* the Appendix for a table containing the case-level data underlying the dashboard.

[17] Colorado Office of Civil and Forensic Mental Health. (n.d.). OCFMH transparency: Data dashboard. https://cdhs.colorado.gov/ocfmh-transparency. Washington, Texas, Oregon, and Los Angeles County also publish competency data, though each reports restoration wait times or hospital census rather than full case flow.

Illustrative competency dashboard

The four stages of the competency process, with the restoration stage split into the wait to begin and the full duration, measured against the proposed time standards. Sample of 12 cases; values are fabricated for illustration.

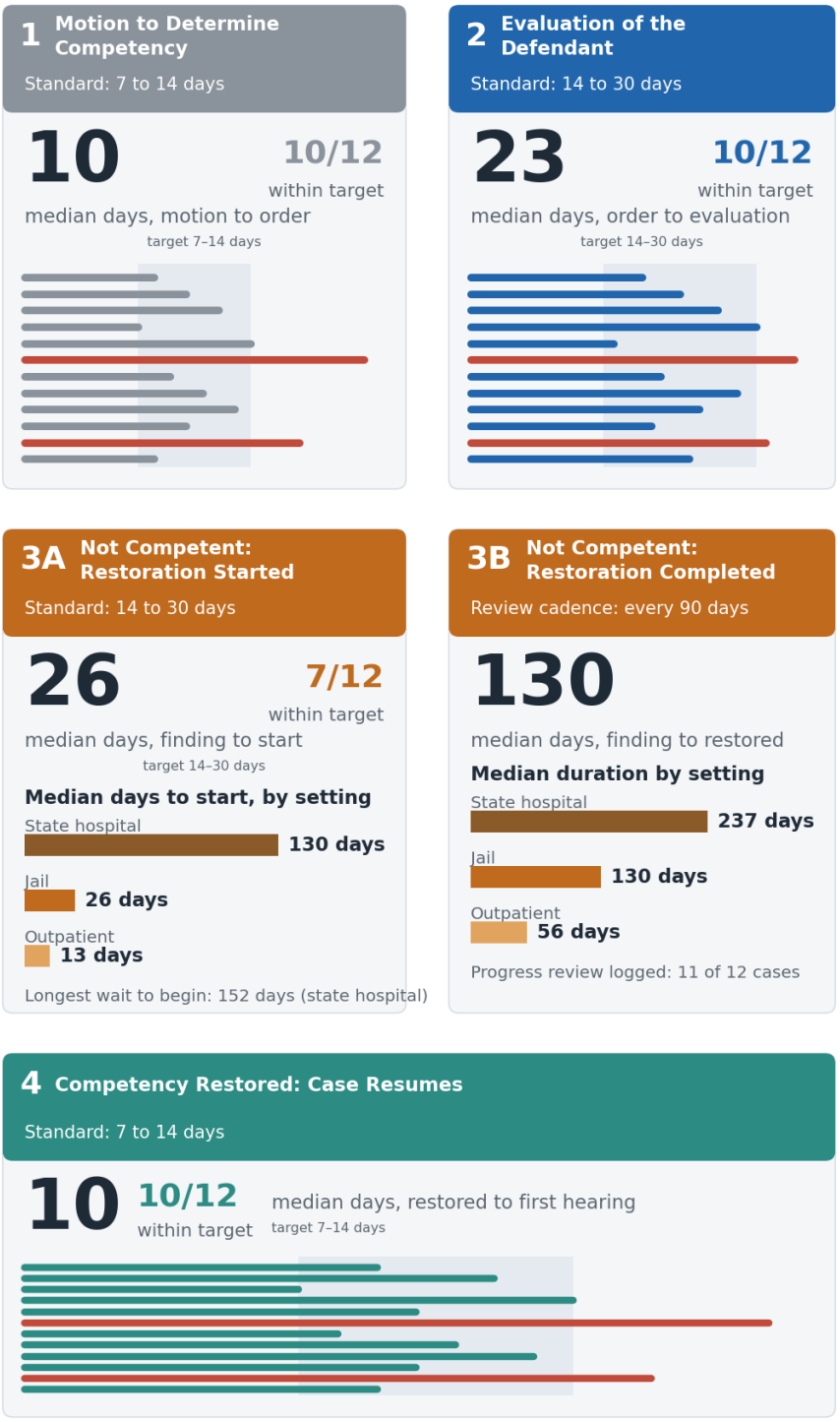


Exhibit 8. Illustrative competency dashboard.

6. Conclusion

Delays in the competency to stand trial process are common and sometimes substantial. National standards describe what strong performance looks like, but they do not diagnose where a jurisdiction's own cases stall. To answer that question, a jurisdiction has to measure its own cases stage by stage and compare the results against a shared reference point.

This publication offers those reference points. The proposed ranges come from jurisdictions that move competency cases efficiently and from the judgment of practitioners who handle them, and they are meant to be adapted to local statutes and resources rather than adopted verbatim. Their value is to give a jurisdiction a target against which to measure the interval between one handoff and the next.

The five-step method is a starting point. A jurisdiction that assembles its stakeholders, maps its process, names its missing resources, weighs alternatives to restoration, and returns to its data on a regular cadence will surface the specific points where its own cases lose time. The featured jurisdictions did not solve everything at once. What sets them apart is not a single policy but a willingness to measure the process they already had and to act on what the measurement shows.

For jurisdictions weighing where to start, the evidence assembled here encourages them to establish a baseline. Time standards and best practices become useful only when a jurisdiction can see its own performance beside them.

Acknowledgments

This publication draws on the CasePro Network Mental Competency Mini-Institute held in May 2025, made possible by the John D. and Catherine T. MacArthur Foundation as part of the Safety and Justice Challenge.

The session grew out of a network member survey that identified competency delays as a recurring case-processing obstacle, followed by planning conversations in which faculty from three jurisdictions mapped their competency processes, assembled docket and case data, and helped shape the discussion and polling questions. JMI thanks the following faculty for that preparation and for sharing their experience with the network.

- **Robert "Ax" Axmacher**, Chief Deputy District Attorney, 8th Judicial District (Larimer County, Colorado)
- **Amanda Duhon**, Chief Deputy District Attorney, 8th Judicial District (Larimer County, Colorado)
- **Robin Houwman**, Presiding Judge, 2nd Judicial Circuit (Minnehaha County, South Dakota)
- **Shukura L. Ingram**, Judge, Atlanta Judicial Circuit, Fulton County Superior Court (Georgia)
- **Kelly Prejean**, Director, Emory and Fulton County Jail Competency Restoration Unit (Georgia)

JMI also thanks the network members who participated in the discussion and polling.

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Polling data throughout are drawn from the CasePro Network Mental Competency Mini-Institute, Justice Management Institute, May 9, 2025 (unpublished participant polling).

Appendix

The table below contains the case-level data used to build the illustrative dashboard in Exhibit 8. It reports, for each case, the interval measured at each stage, including both parts of the restoration stage, along with the setting in which restoration occurred. Case identifiers are de-identified.

Case ID	Motion to order (days)	Order to evaluation (days)	Restoration setting	Finding to restoration start (days)	Finding to restored (days)	Restored to hearing (days)
CST-001	8	18	Jail	21	128	9
CST-002	10	22	Hospital	126	226	12
CST-003	12	26	Outpatient	14	58	7
CST-004	7	30	Jail	33	142	14
CST-005	14	15	Outpatient	9	49	10
CST-006	21	34	Hospital	152	264	19
CST-007	9	20	Jail	24	132	8
CST-008	11	28	Hospital	118	212	11
CST-009	13	24	Outpatient	16	64	13
CST-010	10	19	Jail	28	124	10
CST-011	17	31	Hospital	134	248	16
CST-012	8	23	Outpatient	12	54	9