

Best Practices in Forensic Mental Health

David D. Luxton, PhD. M.S.

Ingrid Lewis

Office of Forensic Mental Health Services

WASPC 2017

Agenda

- Overview of the Office of Forensic Mental Health Services
- Background of Mental Health Problems in WA
- Diversion overview
 - How do we work together to improve the system?
- Competency Evaluation and Restoration Process
- Triage – early identification
- Forensic Telehealth Evaluation Project
- Resources & Discussion

Who We Are

The DSHS's Office of Forensic Mental Health Services (OFMHS) is responsible for the leadership and management of Washington's forensic mental health care system



Forensic Evaluation & Treatment Services



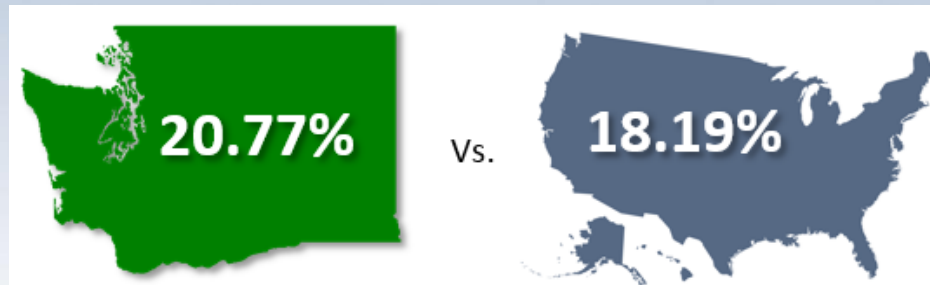
Training and Quality Improvement



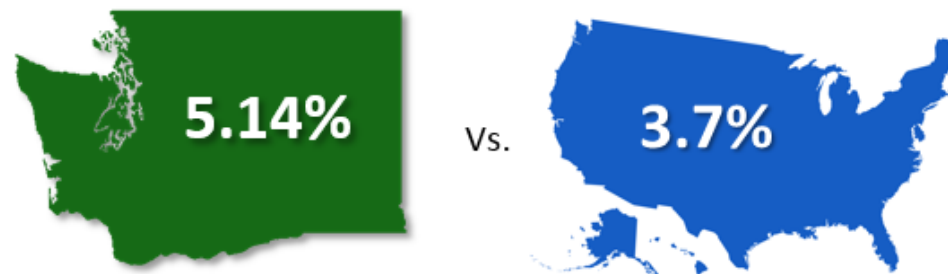
Diversion and Collaborative Efforts

Overview of the Mental Health Problem

Rate of any mental illness among adults.



Rate of serious mental illness among adults.



(SAMHSA, 2014)

Overview of the Mental Health Problem

Estimated proportion of adults with mental health, substance use, and co-occurring Disorders in U.S. Population and under correctional control and supervision.

	General Public	State Prisons	Jails	Probation and Parole
Serious Mental Disorders	5.4%	16%	17%	7-9%
Substance Use Disorders	16%	53%	68%	35-40%
Co-occurring Substance Use Disorder w/Serious Mental Disorder	25%	59%	72%	49%
Co-occurring Serious Mental Disorder w/Substance Use Disorder	14.4%	59.7%	33.3%	21%

Source: Blandford and Osher (2013).

There are 10 times more individuals with serious mental illness in jails and state prisons than there are in state mental hospitals (Torrey, Zdanowicz, Kennard et al. 2014)!

Psychotic Disorders

- **Psychotic disorders** are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality.
- Two of the main symptoms are delusions and hallucinations

High recidivism/return to system rates...

- Approximately 49% percent of federal prisoners with mental illnesses have three or more prior probations, incarcerations or arrests, compared to 28% without mental illnesses (Ditton, 1999).
- Family members report that the average number of arrests for their relative with mental illness is more than three (McFarland, Faulkner, Bloom & Hallaux, 1989).

Summary

- Individuals with behavioral health issues are overrepresented in the criminal justice system.
- High arrest and recidivism rates are high and act as barriers to the recovery of these individuals.
- Costly and time consuming for law enforcement, jails and courts and has impact the perception of public safety.
- Ethical and legal requirements to due process and care of persons with mental health issues in the criminal justice system.

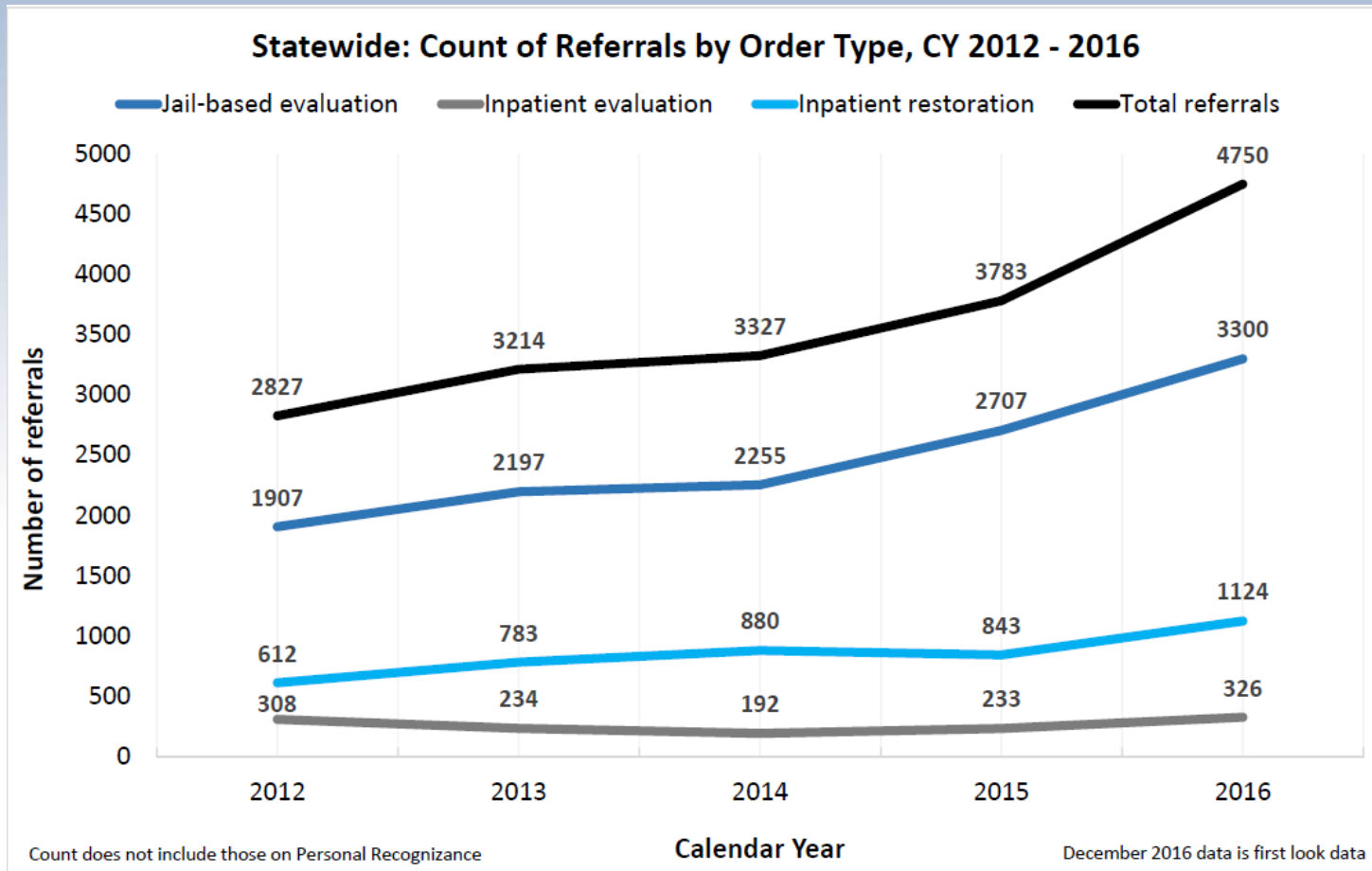
Trueblood et al v. DSHS

- In March 2015, US District Court found that wait times for competency evaluation and restoration services constituted a substantive due process violation, and set an aggressive deadline for both evaluation and restoration of 7 days from the date the court signs the order, unless a court allows an extension due to the individual clinical needs of the person.

*The evaluations must be completed within 14 days of the court order signature

- Court Monitor appointed to monitor progress

Increased Demand



Class Member Characteristics

- Out of 502 sample:
 - 92% had at least one arrest in the prior year (70% had at least two arrests)
 - 95% were unstably housed or homeless at the time of the arrest
 - 43% were Medicaid eligible
 - 70% were recorded as having 2-5 competency service referrals in the last 4 years
 - 62% received outpatient mental health treatment that year
 - 54% had a substance abuse diagnosis
 - 3% had received substance abuse treatment

What are the most needed services?



Housing

Medication Management

Case Management

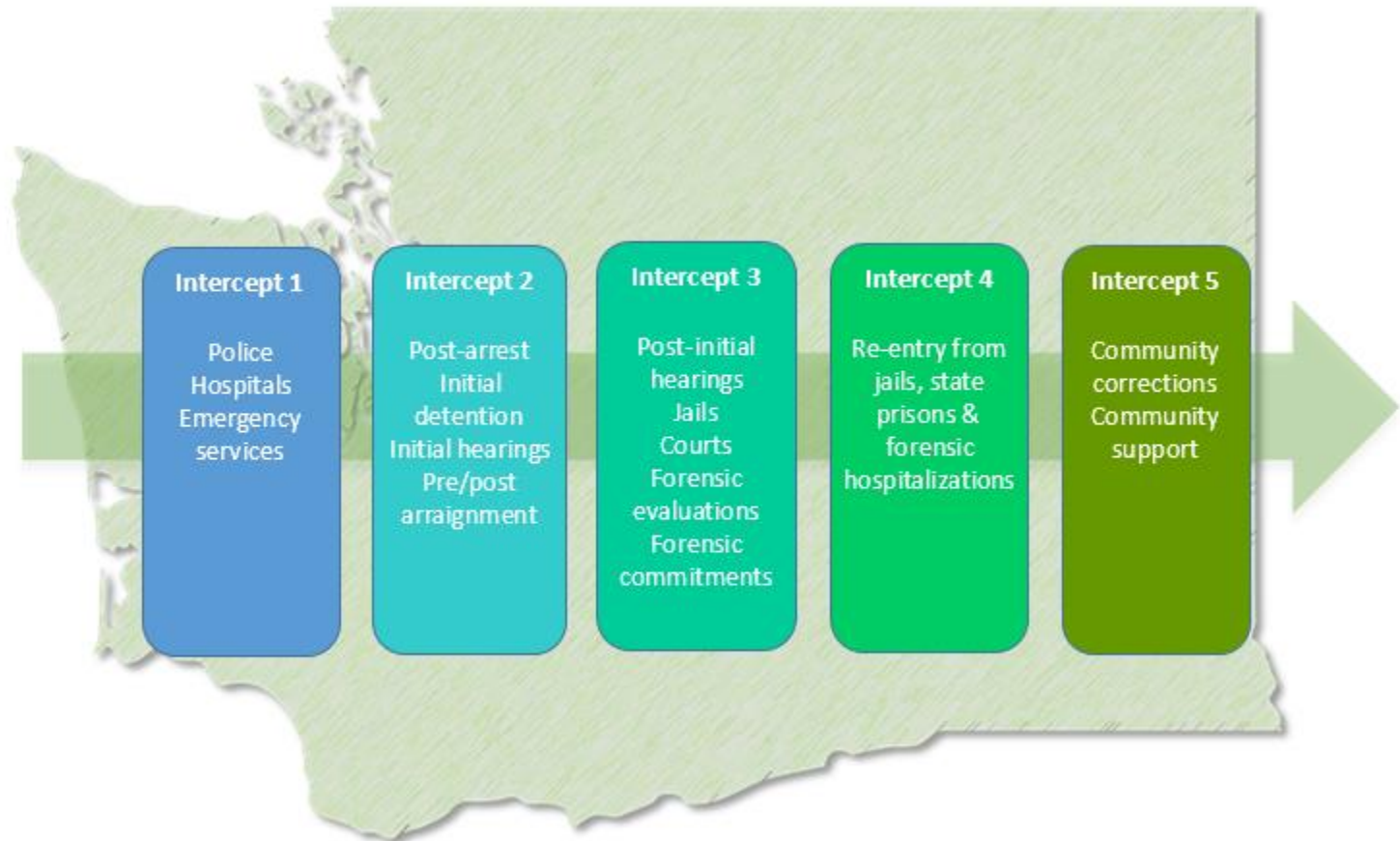
Transportation

*Out of 156 Survey responses

Goals of Diversion



Diversion (Sequential) Intercept Model



(Munetz & Griffin, 2006)

Pre-booking Diversion

- Diversion occurs PRIOR to arrest
 - Elements of pre-booking diversion models
 - Mental health training
 - Centralized diversion location for psychiatric assessment
 - Officer discretion to determine necessity of arrest
- (Deane et al., 1999)

Post-Arrest Diversion

- Diversion occurs AFTER booking
- Elements of post-arrest diversion models
 - Behavioral health screening
 - Evaluate eligibility
 - Negotiate with partners
 - Link to services

How do we work together as a system?

START THE
CONVERSATION

Cross
Collaboration

Cross
Training

Leadership

Start Small

Competency To-Stand-Trial Evaluation and Restoration Process Overview

Competency to Stand Trial

- ***U.S. Constitution – Due Process***
- ***Dusky v. United States 362 U.S. 402 (1960)***
 - “whether he has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding -- and whether he has a rational as well as factual understanding of the proceedings against him”
- **Revised Code Washington (RCW) 10.77.050: Mental incapacity as bar to proceedings.**
 - No incompetent person shall be tried, convicted, or sentenced for the commission of an offense so long as such incapacity continues.
- "Incompetency" means a person lacks the capacity to understand the nature of the proceedings against him or her or to assist in his or her own defense as a result of mental disease or defect.
- Incompetence may occur during any stage of legal proceedings.

Competency Evaluation Process

- Court orders an evaluation
- Evaluations may be conducted in-jail, inpatient setting (the State Hospitals) or other settings (e.g., for defendants on personal recognizance)
- The evaluation process generally entails:
 - Review of records
 - Interview
 - Assessments (when indicated)

After the Evaluation

- The evaluation report is submitted to the court, and if the court finds that the defendant is competent, the case proceeds to trial.
- If the court concludes that the defendant is incompetent, a period of treatment (competency restoration) may be authorized to restore the defendant to competency.
- In some cases the court may drop the charges when the defendant is found not competent.
- If the person is restored to competency, the case proceeds to trial.
- Defendants may also be diverted from the legal system at any point in the process (if all parties agree).

Competency Restoration

- Most incompetent adult defendants are sent to Western State Hospital (WSH) or Eastern State Hospital (ESH) for competency restoration.
- Residential Treatment Facilities are also in use (Maple Lane and Yakima Residential Treatment Facilities).

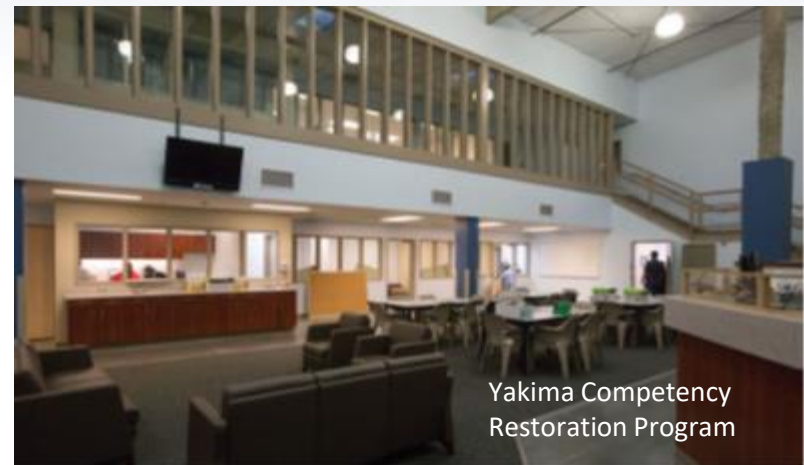
Residential Treatment Facilities

Transforming
Lives

- In 2016, DSHS opened two new residential treatment facilities where pretrial defendants can receive competency restoration services:
 - Maple Lane Competency Restoration Program consists of a 30-bed facility located in Centralia, WA.
 - The Yakima Competency Restoration Program consists of a 24-bed facility located in Yakima, WA.



Maple Lane Competency
Restoration Program



Yakima Competency
Restoration Program

Competency Restoration (Cont.)



- Competency Restoration treatment may consist of:
 - Administration of psychiatric medications to control some of the symptoms of mental illnesses or mental disorders.
 - Group and individual psychotherapy.
 - Educational treatment programs designed to increase a defendant's understanding of the legal process or individualized treatment programs that confront the problems that hinder a defendant's ability to participate in his or her defense (competence-related deficits).
 - Recreational and psychosocial group activities.
 - Medical treatment if necessary.

Competency Restoration (Cont.)

Transforming
Lives

- The length of the competency restoration treatment period depends upon the type of criminal charge...
 - Defendants charged with misdemeanor offenses qualify for an initial 14 to 29 days of restoration treatment.
 - Defendants charged with Class C or non-violent Class B felony offenses qualify for an initial treatment period of 45 days.
 - Defendants charged with violent Class B and Class A felonies are committed for an initial treatment period of up to 90 days (see [RCW 10.77](#)).



Other classifications...

- **Not Guilty By Reason of Insanity (NGRI)** - A "criminally insane" person means any person who has been acquitted of a crime charged by reason of insanity, and thereupon found to be a substantial danger to other persons or to present a substantial likelihood of committing criminal acts jeopardizing public safety or security unless kept under further control by the court or other persons or institutions ([RCW 10.77.010](#)).
NOTE: Some defendants who have their competency restored may be adjudicated as NGRI.
- **Felony Conversions (Felony Flips)** - is when a defendant's felony charges are dismissed and a civil commitment is pursued. A court may dismiss criminal charges due to the lack of competence.

TRIAGE / Expedited Admission Process

In-Jail Screening

- Some counties conduct in-jail screening of inmates whom may be candidates for pretrial forensic mental health evaluation under RCW 10.77.060.
- The screening is conducted by trained jail staff or other designee and entails a brief review of mental health history and current mental status.
- The screening assessment is not a competency evaluation, but a screening process to help identify and recommend to the court appropriate referrals for competency assessments.

*For more information about in-jail screening assessment, contact the Office of Forensic Mental Health Services (ofmhswebsite@dshs.wa.gov).

Forensic Telehealth Evaluation Project

A collaborative initiative to bring videoconferencing capabilities to county jails in Washington for State forensic evaluation services.

Forensic Telehealth Project

- **Purpose:** To establish and test secure videoconferencing links between the State hospitals, State forensic evaluators, and county jails across the State of Washington.
- **Benefits:**
 - Greater efficiency at completing court-ordered competency to stand trial evaluations
 - Reduced wait-time for defendants waiting in jail
 - Videoconferencing can be used for other purposes (e.g., court hearings, training, and more).
- **Project:** Six month (to one year) evaluation at 4 Jails (expansion possible)
- Funding approved for DSHS to build infrastructure

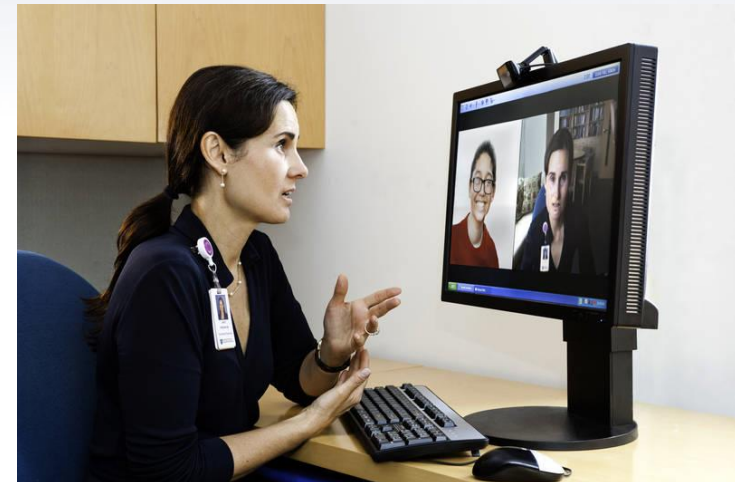
Forensic Telehealth Project

The evaluation entails...

- Assessment of equipment, space, and infrastructure needs
- Security assessment
- Site-specific protocol development
- Training
- Collection of real-world program evaluation data

For more info contact:

Dr. David Luxton at
david.Luxton@dshs.wa.gov



Resources

https://www.dshs.wa.gov/bha/office-service-integration/office-forensic-mental-health-services



Washington State Department of Social and Health Services

How may we help you?

Home > **BHA** > Office of Forensic Mental Health Services

BHA

Office of Forensic Mental Health Services

- Community Competency Evaluations
- OFMHS FAQs
- Triage Consultation and Expedited Admission (TCEA)
- Trueblood et al v. Washington State DSHS

Division of Behavioral Health and Recovery

State Psychiatric Hospitals

Office of Forensic Mental Health Services

The Office of Forensic Mental Health Services - OFMHS is responsible for the leadership and management of Washington's adult forensic mental health care system. The OFMHS provides forensic evaluations, competency restoration, Not Guilty by Reason of Insanity - NGRl treatment services, and liaison services to effectively coordinate efforts with system partners to meet shared goals. The OFMHS is supported by [RCW 10.77.280](#). View the [OFMHS organizational chart](#).

The mission of OFMHS is to lead and manage a system of forensic mental health care that assists the courts and justice system to protect both public safety and the rights of accused mentally ill persons, by providing timely, high quality, and data informed mental health services.

The vision of OFMHS is to lead the nation in innovative and quality forensic mental health services.

For information on forensic programs outside of OFMHS, please see [RCW 71.05](#) which covers felony conversions and violent felony conversions, and [RCW 71.09](#) which covers sexually violent predators.

What does OFMHS do?

- Diversion
- Triage
- Competency Evaluations
- Competency Restoration Treatment
- Not Guilty by Reason of Insanity (NGRI) Assessment and Treatment
- Quality Improvement
- Workforce Development and Training

Quick Links

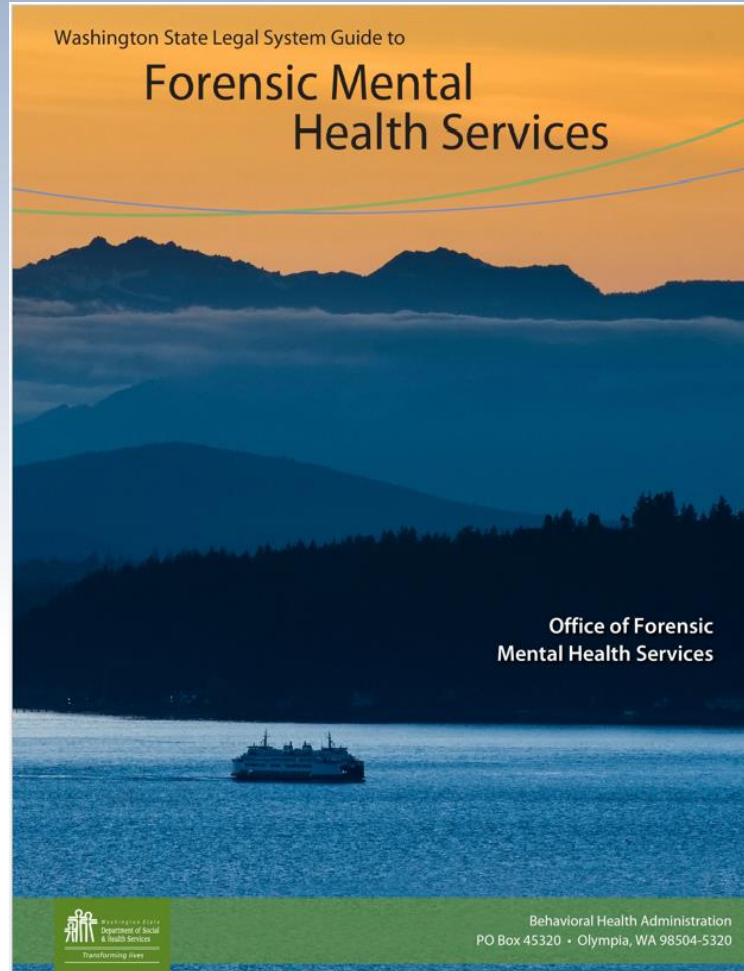
- [Contact OFMHS](#)
- [Job Opportunities](#)
- [Trueblood et al v. Washington State DSHS](#)
- [Ross Settlement Project](#)
- [FAQs](#)

Hot Topics

- [Trueblood et al v. Washington State DSHS](#)
- [Ross Settlement Project](#)

For more information, see...

Transforming
Lives



Transforming
Lives

THE
STEPPING UP
INITIATIVE

Step Up – www.stepuptogether.org

AMERICAN
PSYCHIATRIC
ASSOCIATION
FOUNDATION



NATIONAL
ASSOCIATION
of COUNTIES

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Thank you!

Your feedback, improvement ideas, and comments are appreciated:

lewisij@dshs.wa.gov

david.Luxton@dshs.wa.gov

ofmhswebsite@dshs.wa.gov

Let's discuss how we can work together...

References

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