

GOVERNOR'S MENTAL HEALTH SERVICES PLANNING COUNCIL

FORENSIC SUBCOMMITTEE REPORT ADDENDUM

January 2005

Prepared by:

Members of the Forensic Subcommittee
Bradley D. Grinage, M.D., Chairperson
Leslie Huss, LMSW

<i>Vision Statement</i>	<i>Create an environment in the state of Kansas that provides state of the art mental health services as well as promotes self-sufficiency, crime free lifestyle, and personal strengths for the forensic population*.</i>
<i>Mission Statement</i>	<i>Address issues and problems facing Kansans with mental illness in or at risk of entering the criminal justice system. This includes support of a single state entity responsible for ensuring that the forensic population* receives appropriate mental health services.</i>

*For purposes of this report the term forensic population identifies a group of children and adults suffering from mental illness who are at risk of entering or have already entered the criminal justice system.

COMMITTEE MEMBERS

Bradley D. Grinage, M.D., Chairperson, University of Kansas School of Medicine and University of Missouri -Kansas City School of Medicine

Christy Blanchard, Ph.D., Coordinator of Forensic Services, Bert Nash Community Mental Health Center

Sherman “Wes” Cole, Governor’s Mental Health Services Planning Council

Jan Cosgrove, M.S., LMLP, LCP, Crisis Services, Four County Mental Health Center

Austin T. DesLauriers, Ph.D., Program Clinical Director-Sexual Predator Treatment Program, Larned State Hospital

Richard K. Dyer, M.D., Clinical Director, Larned State Hospital

Charlene L. Donovan, Ph.D., Correct Care Solutions

Elizabeth Gillespie, Director, Shawnee County Department of Corrections

Roger L. Haden, Deputy Secretary, Kansas Department of Corrections

Charles M. Hampton Jr., R.N., BSN, Osawatomie State Hospital

Mary Beth Kidd, Director of Research, Juvenile Justice Authority

Steven A. Mandracchia, Ph.D., State of Missouri, Department of Mental Health

Brenda J. Mosley, LBSW, Osawatomie State Hospital

Mary M. Pridey, EdS, NCSP, School Psychologist and family member

Thomas Ward, Consumer Representative, Governor’s Mental Health Services Planning Council

SUPPORT STAFF

John House, J.D., SRS Office of the General Counsel and Committee Consultant

Leslie Huss, LMSW, SRS Forensic Program Consultant and Committee Consultant

The primary recommendation of the Forensic Subcommittee in its August 2004 report to the Governor's Mental Health Service Planning Council was to ensure that a single state entity take responsibility for the growing clinical, fiscal, social, and legislative issues involved with the forensic population. This addendum puts forth recommendations by the subcommittee regarding how the primary recommendation may be accomplished.

IMPLEMENTATION

Mission

According to the National Association of State Mental Health Program Directors, mental health forensic service systems require an integration of behavioral sciences, correctional institutions, the legislature, and various administrative entities. Diversification of a forensic service system spans all phases of planning, development, and operation. Examples of the diversity of a dependable mental health forensic system include mental health evaluation and treatment services to courts and custody facilities; operation of secure hospitals; cross training of mental health, legal, correctional and administrative professionals; and effective consultation in the development of sound legislation and administrative rules.

The Subcommittee recognizes that the primary mission of a successful single responsible state forensic entity requires three defined objectives:

1. State and local interagency collaboration / coordination;
2. Quality monitoring of forensic evaluation and treatment; and
3. Data collection

In its August 2004 report, the Forensic Subcommittee identified seventeen points that were considered functions of a single state forensic entity. Each of those seventeen functions may be subcategorized under one of the above objectives. The Subcommittee, however, feels that the primary objectives defining the mission of a single responsible entity should include at least the following:

1. Monitor and enforce collaborative agreements with local community mental health centers and jails to ensure the forensic population receives necessary services. Eligibility of offenders for local mental health resources and increased community-based services is essential to reducing institutional recidivism.
2. Monitor the utilization of current available funding sources for the forensic population, as well as thoroughly investigate other creative sources of funding for this population.
3. Establish a quality assurance program to ensure that state expectations and standards are met with regard to pre and post trial mental health evaluations and dispositions. In addition, educate private, community mental health, and state providers, as well as the judicial system regarding the expected standards for forensic evaluations and disposition planning.
4. Create a forensic population data bank and begin collecting pertinent data to ensure a knowledgeable future decision-making process.

Structural Organization

The authority to make decisions regarding the forensic population at an appropriate level of state administration is of paramount importance. After researching other state forensic organizations, the subcommittee strongly recommends that the director of the entity be placed in the State's

primary mental health authority (SRS) at the level of the community Mental Health Director and the State Hospital Superintendents. Successful forensic mental health state agencies place the director at such level or higher because the majority of state forensic objectives require policy-making decisions that directly affect community mental health agencies and the state hospitals. Such decisions demand this level of authority for successful policy integration and funding.

Once a director is identified at the appropriate state level, adequate office space, personnel and other resource allocation is necessary to create a cost effective responsible entity. Not only do successful models design a structured forensic organization at the state level, but they also establish regionalized personnel across the state to address differences in community transition, rural and urban accessibility, quality of local evaluations and service, and a host of other community forensic issues.

Funding

The Position Statement on a Framework for Comprehensive State Mental Health Systems dated September 2004 by the National Association of State Mental Health Program Directors (NASMHPD) reiterated the New Freedom Commission's goals and recommendations for states to develop a comprehensive mental health plan that encompasses all agencies that deliver, fund, or administer mental health services. They noted that "most of the resources that fund services for people with mental health needs come from federal and state programs outside the jurisdiction of the state mental health authority (SMHA)." They conclude that "fundamental to planning the system will be establishing relationships and coordinating policy development and implementation activity among the applicable state agencies."

The NASMHPD recommended that the federal government fully fund the \$44 million proposed “Mental Health State Incentive Grants for Transformation Program” (T-SIG). The American Psychiatric Association supports legislation (Mentally Ill Offender Treatment and Crime Reduction Act, HR2387) that will allow the U.S. Attorney general to award nonrenewable grants for collaborative and comprehensive proposals designed for adults and juveniles with mental illness. The grants will be used by eligible applicants to create or expand the following:

1. Court based programs for qualified offenders;
2. Programs for specialized training to officers and other forensic related agencies for identifying symptoms of mental health;
3. Programs that support cooperative efforts by criminal, juvenile justice, and mental health agencies to promote safety and treatment; and
4. Programs that support intergovernmental cooperation between state and local governments regarding mentally ill offenders.

The potential for the use of federal funds for forensic mental health services is foreseeable. However, the Subcommittee recognizes the marked inefficiency of how the forensic population is addressed and the redundancy of work and information gathering between agencies. For these reasons, the Subcommittee recommends that a single state entity take responsibility as a means to ensure that the forensic population is served and to reduce the current cost of evaluations and treatment of the increasing forensic population. Not only will cost savings be affected but the quality of evaluations and treatment to this subgroup of mentally ill will be improved.

STRUCTURAL APPLICATION TO KANSAS

Current Structural Organization

The state of Kansas currently has very limited authority for the forensic population. State hospital clinicians are employed primarily for clinical treatment and do not interact or communicate with other state or local entities regarding the nature of the forensic population unless subpoenaed by the Courts for expert testimony. At this time there is only one part-time forensic mental health position supported by the State outside of the clinical role of the State Hospitals. This consultation position is located in a sixth tier of authority in the SRS organization. See Figure 1.

Other State Organizations

States with successful forensic mental health programs are structured as single state entities with multiple personnel and varied resource avenues. In addition, the forensic mental health authority is placed at a second or third tier level in the health services organization.

Arkansas

Arkansas has only one state hospital. The position of “Assistant Director of Forensics” is under the umbrella of Division of Behavioral Health, which is under Department of Human Services. Other programs under the Division of Behavioral Health at the assistant director level include Adult Mental Health Services, Children’s Mental Health Services, Alcohol and Drug Services, and the State Hospital. The Assistant Director of Forensics coordinates competency evaluation training, contracts with CMHC for completion of competency evaluations, and acts as a liaison between the courts, law enforcement, and the inpatient forensic unit. Although the inpatient forensic unit is not under the umbrella of the Assistant Director of Forensics, both divisions meet weekly to discuss admission and program issues.

Missouri

The “Director of Forensic Services” is considered a senior manager under the Director of the Division of Comprehensive Psychiatric Services. The Division of Comprehensive Psychiatric Services falls under the umbrella of the Missouri Department of Mental Health. Other services under the Division of Comprehensive Psychiatric Services at the same senior manager level include Psychiatry, Facility Operations, Community Services Operations, and Quality Management. The Forensic Director has responsibility for monitoring and facilitating forensic examinations, training/ certification/ quality assurance of forensic examiners, and monitoring of forensic patients committed to facilities and conditionally released into the community (admissions, placement, treatment, release, and aftercare). Missouri has several state forensic facilities and the centralized forensic director is responsible for the evaluations that are generated by those facilities. In addition, Missouri has regionally placed forensic examiners and conducts all pretrial forensic examinations on an outpatient basis prior to determining if hospitalization is necessary.

Ohio

The Office of Forensic Services in Ohio reports to the Medical Director in the Ohio Department of Mental Health. The Office of Forensic Services is divided into four functional areas: Community Linkage, Behavioral Health Organizations (another term for State Hospitals)/ Community Mental Health Services, Mental Health Diversion Alternatives, and the Community Monitoring Program. The Service administers, supports, and manages the system of service provided to persons with mental illness involved in the criminal justice system in Ohio. The Service works with the community, state hospitals, other state agencies, judges and criminal justice staff, and various state legislators on issues that impact the forensic population. The Office of Forensic Services is also comprised of eleven Community Forensic Psychiatric Centers and associated Community Forensic Monitors that act as a liaison between the individual, the Court, the community, and the State Hospitals.

Recommended Organizational Structure

The Forensic Subcommittee recommends the allocation of resources to operate a state forensic service directed by an authority located (at the minimum) at the level of the current Director of Mental Health and the State Hospital Superintendent positions. See Figure 2.

FINAL RECOMMENDATIONS

State objectives for this forensic entity should build upon those specified above in the description of the mission. An outstanding example of a state of the art forensic program that monitors the forensic population between communities, correctional facilities, and state hospitals can be found in the Forensic Manual and quarterly forensic newsletter of the Ohio Department of Mental Health.

The Subcommittee recognizes current state budget difficulties. However, after analyzing other state forensic mental health programs, collecting data from county correctional facilities, discussing alternatives with various community stake holders, and obtaining input from the state hospitals, the Subcommittee has concluded that formation of a single state entity implemented as described above will save state and local dollars as well as markedly improve mental health assessment and care to the forensic population. When appropriate services are provided to the forensic population, fewer persons with mental health issues enter and return to the criminal justice system effectively reducing both criminal re-offense and mental illness recidivism. If funded properly, the Subcommittee feels strongly that such a program will benefit all citizens of Kansas.

Figure 1: SRS Organizational Chart

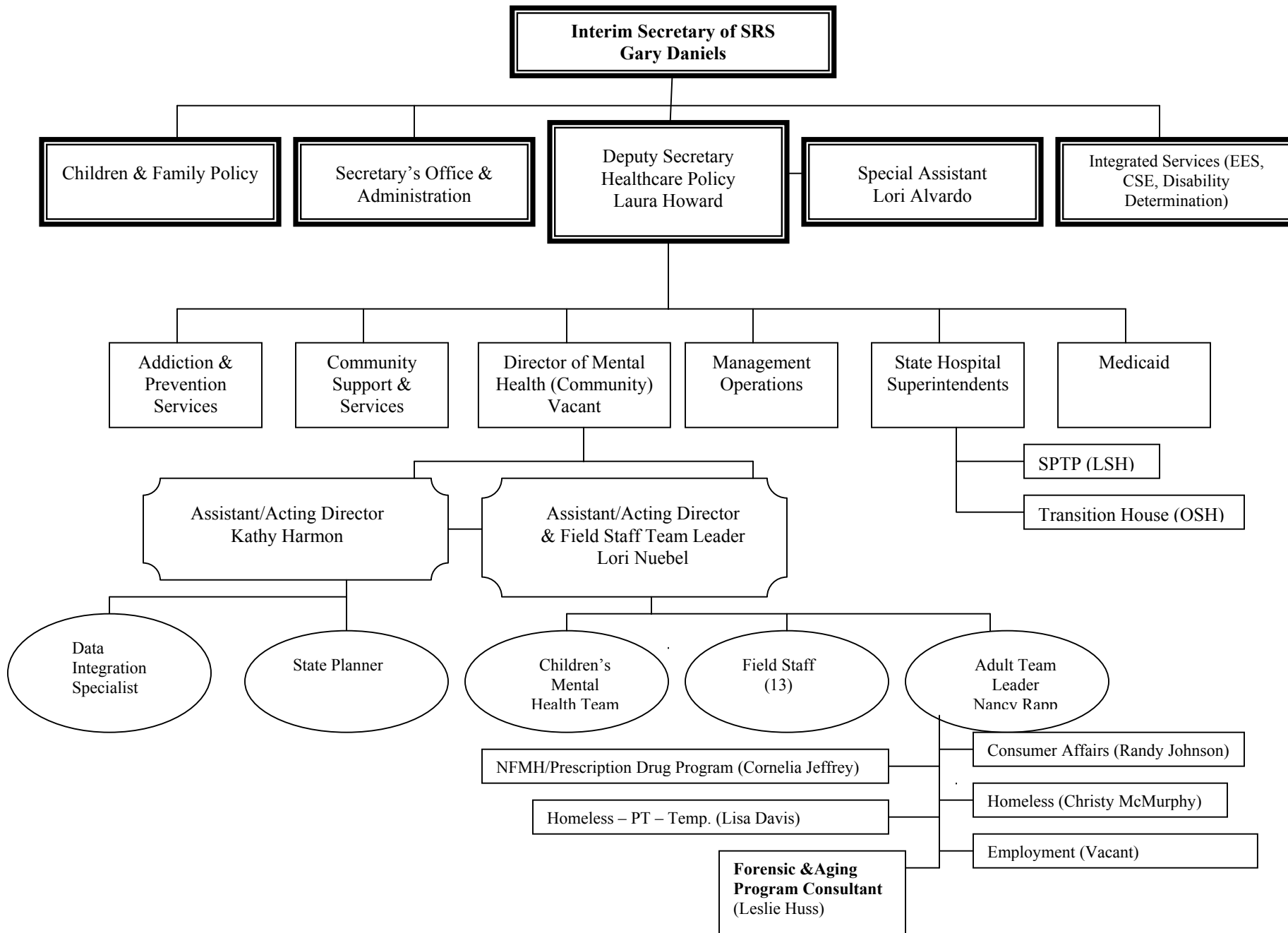


Figure 2: Proposed Organizational Placement of the Director of Forensic Mental Health (SRS Organizational Chart)

