

JUSTICE INVOLVED PEOPLE LIVING WITH A MENTAL ILLNESS AND THE ROLE OF THE OFFICE OF FORENSIC MENTAL HEALTH SERVICES



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AGENDA

- Section 1:
 - Overview of OFMHS
 - History of forensic evaluation
 - Competency defined
- Section 2:
 - Mental health & justice system
 - Gaps in the continuum of care
 - Alternative models



WHAT IS FORENSIC MENTAL HEALTH?

Broadly, forensic mental health captures the crossover between mental health and the law. Forensic mental health spans criminal and civil legal matters and the regulation of mental health delivery.

- University of Washington Center for Mental Health, Policy, and the Law

QUIZ

What country has the highest rate of incarceration in the world?

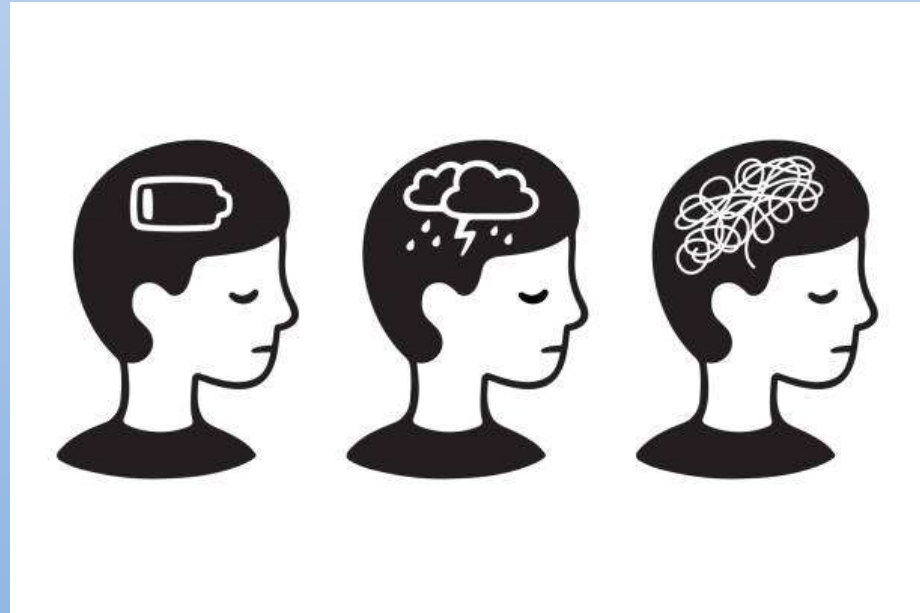
- A. Iran
- B. Ukraine
- C. USA
- D. Russia



QUIZ

What percentage of incarcerated adults in the U.S. are diagnosed with a mental illness?

- A. 10%
- B. 20%
- C. 35%
- D. 45%



(www.prisonpolicy.org/research/mental_health)

QUIZ

Approximately how many competency to stand trial evaluations are ordered nationally every year?

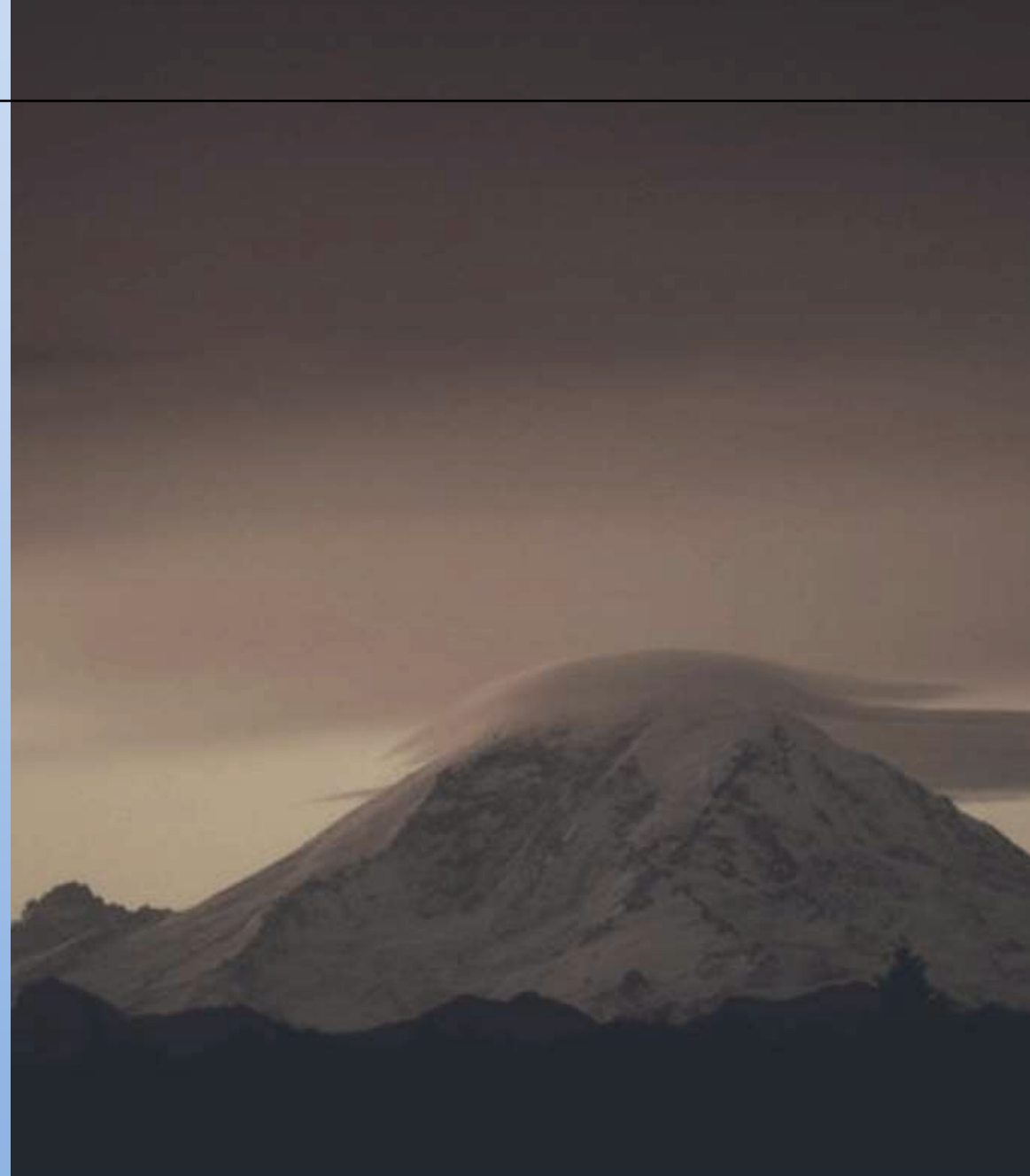
Best estimate is around 130,000
In WA state in 2021, over 6,000



(KOIS ET AL..2021)

WHAT IS THE OFFICE OF FORENSIC MENTAL HEALTH SERVICES (OFMHS)?

- Competency evaluations
- History of OFMHS
- Services provided by OFMHS
- Trueblood class action lawsuit



COMPETENCY

- The goal of competency
- Due process
- If found not competent
- If found competent



COMPETENCY

- If found not competent to stand trial, sent to WSH or ESH for a period of competency restoration
- Restoration periods
- After initial restoration

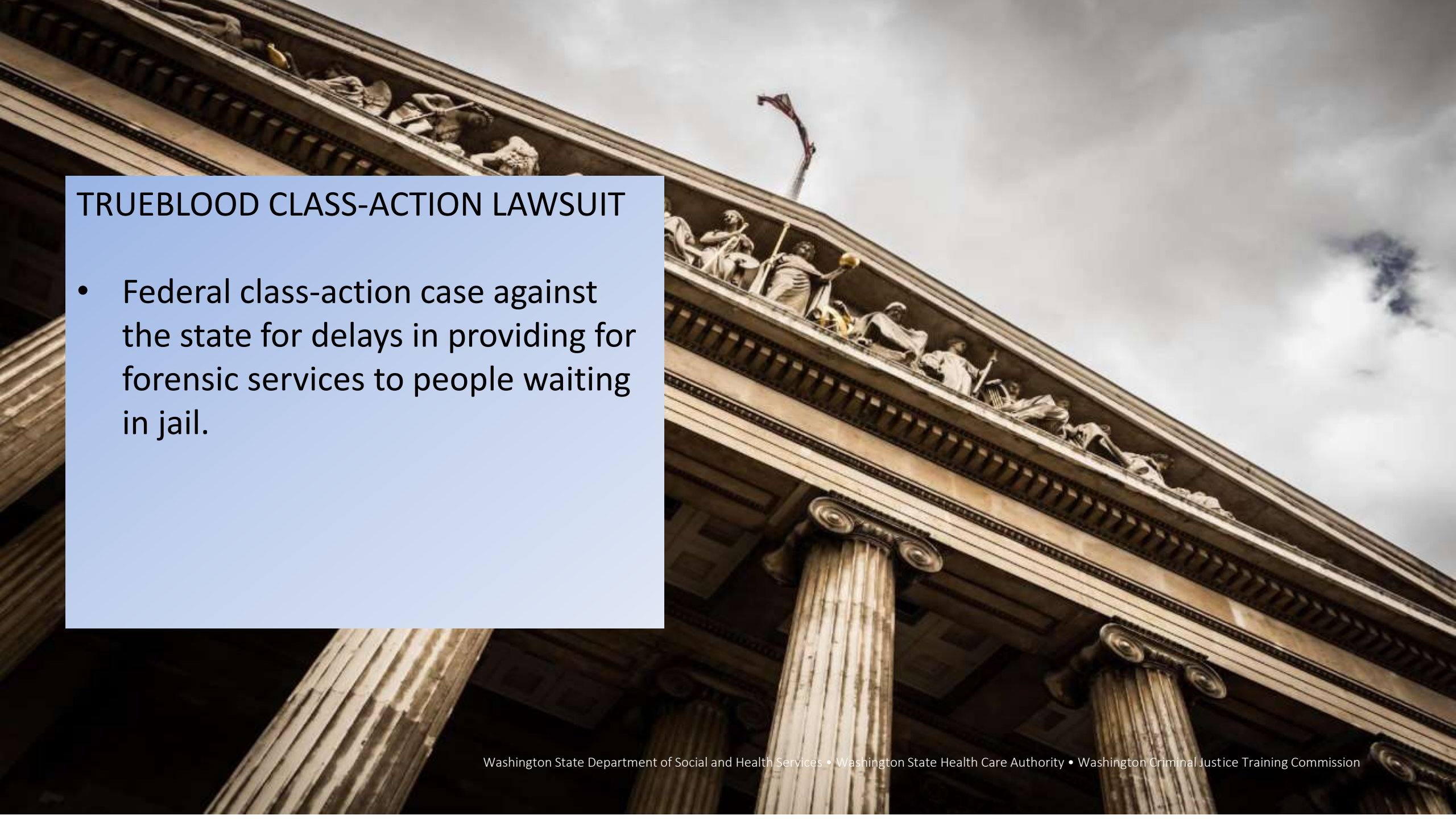
COMPETENCY

- 180-day period of restoration occurs
- Civil commitment
- Defendants found not competent for misdemeanors often have their case dismissed.



OFMHS HISTORY

- 2011 - Initial concerns raised
- 2012 - Senate Bill 6492
- 2014 - Trueblood
- 2015 - 7-day ruling
- 2016 - DSHS held in contempt

A low-angle, upward-looking photograph of a grand classical building, likely a government or judicial structure. The image shows several tall, fluted columns supporting a heavy entablature. Above the columns, a wide pediment is filled with a series of statues in classical attire. The sky above is filled with dramatic, grey clouds. The overall tone is serious and institutional.

TRUEBLOOD CLASS-ACTION LAWSUIT

- Federal class-action case against the state for delays in providing for forensic services to people waiting in jail.

WHAT'S HAPPENING NOW

- DSHS & HCA: Implementing the contempt settlement agreement
- Forensic Navigators
- Outpatient Competency Restoration Program (OCRCP)
- FPATH: Intensive case management for transition from homelessness
- FHARPS: Housing and Recovery through Peer Services
- Diversion Services
- Mobile Crisis Response enhancements and new beds
- Additional ESH (50) & WSH (40) beds in 2020, more in 2022
- Enhanced Peer Services & Crisis Intervention Training
- Increase in forensic evaluators

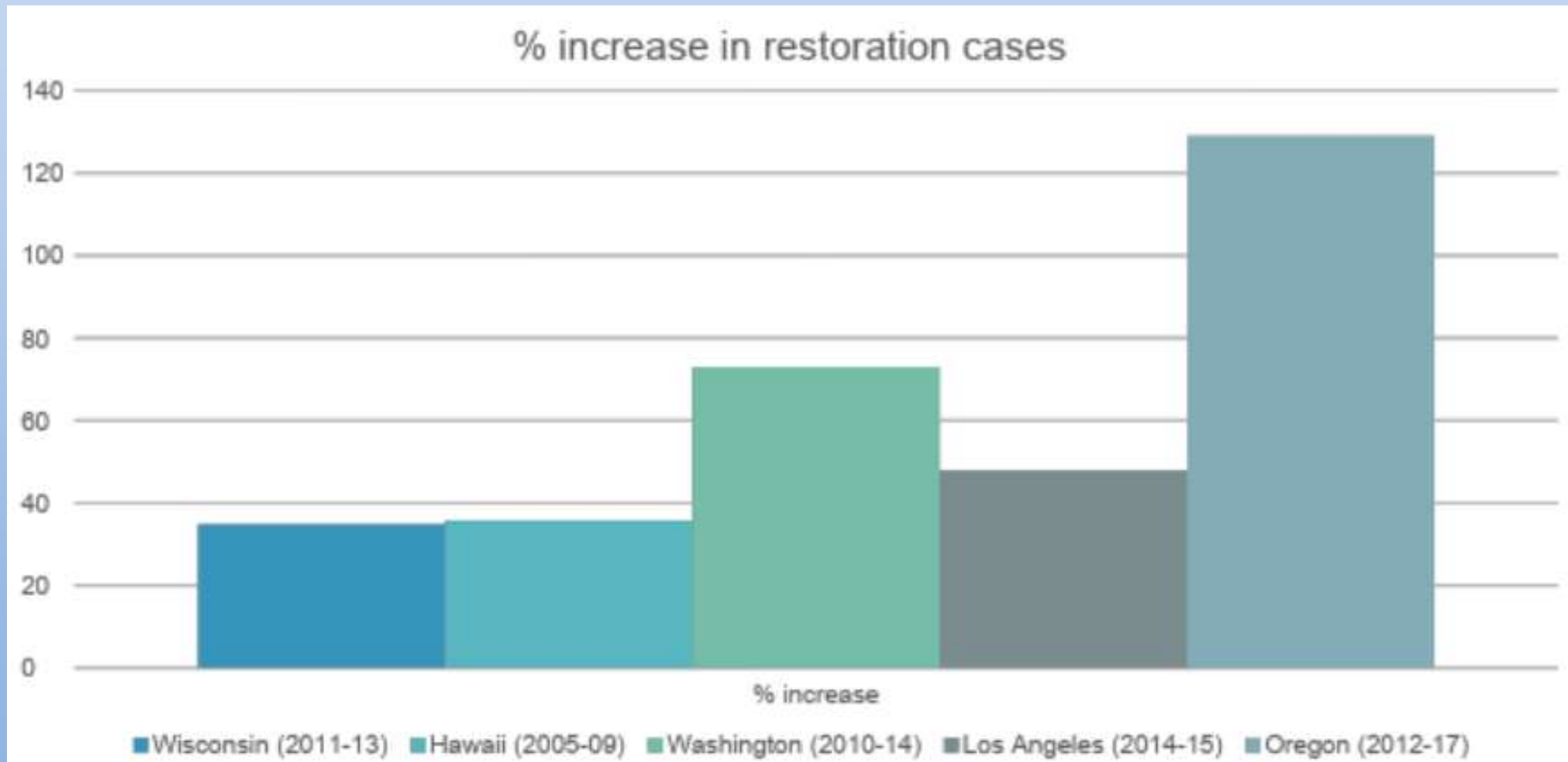


DIVERSION SERVICES

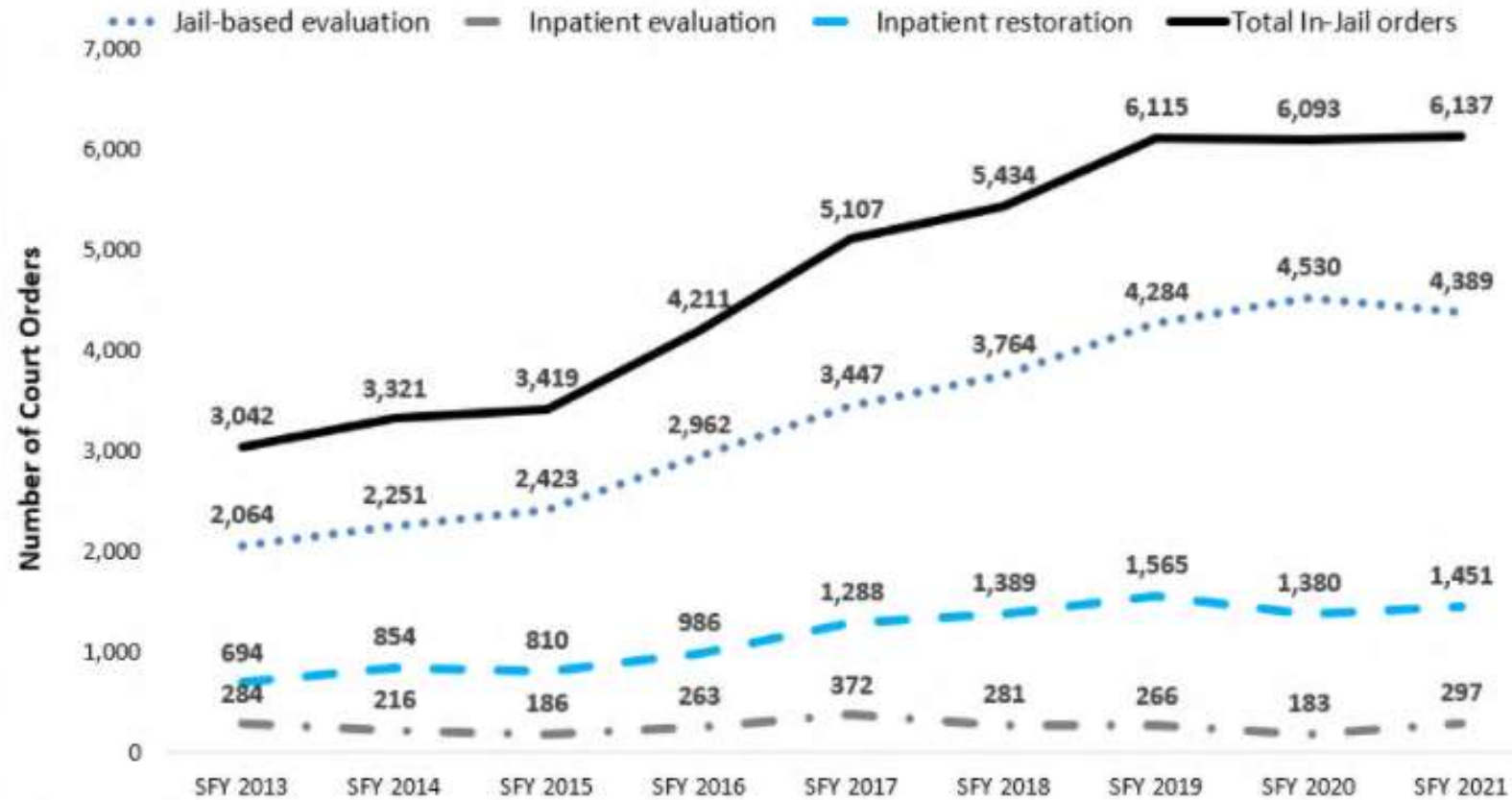
Diversion efforts are meant to prevent people with mental illness from unnecessarily entering or returning to the criminal court system. Diversion initiatives are focused around four goals:

- Preventing people with behavioral health issues from recidivism and frequent involvement in the criminal court system;
- Reducing the demand for competency services;
- Reducing long-term incarceration for people with behavioral health issues;
- Serving defendants in the least restrictive environment possible.

SCOPE OF THE PROBLEM



Statewide court orders to DSHS for competency services among clients waiting in jail by order type*
SFY 2013 - SFY 2021



Notes:

*Data in the graph: 1) do not include Pierce Panel Evaluations; 2) do not include those on personal recognizance; 3) may include non-competency evaluation referrals prior to 2018 due to limitations of ESH data system; 4) numbers may differ from reports provided elsewhere due to system updates. Sources: Aug. 2018 and forward: BHA Forensic Data System; Prior to Aug. 2018: WSH-FES; ESH - MILO. This effects jail status at the date the order was signed or the beginning of an in-jail status change. Date: July 21, 2021.

INCREASING DEMAND FOR RESTORATION NATIONWIDE



Nationally, forensic admissions up 375% from 1983 to 2012

THE SCOPE OF THE PROBLEM: A BAD COMBINATION

More competency
evaluations
ordered



More defendants
are found not
competent



Record numbers
of need for
competency
restoration

MENTAL HEALTH & THE JUSTICE SYSTEM

- OVERVIEW
- CYCLICAL NATURE
- CONTINUUM OF CARE
- ALTERNATIVE MODELS

MENTAL HEALTH IN THE JUSTICE SYSTEM: AN OVERVIEW

- Over 10 million people incarcerated worldwide
- U.S. has highest rate of incarceration in the world since the 1990s
- Focus is punitive rather than rehabilitative or recovery oriented
- Prisons and state psychiatric hospitals often exchange members of the same population over time
- High rates of MI, including PTSD and significant trauma histories among incarcerated individuals

PSYCHOLOGICAL IMPLICATIONS

Outcomes include:

- Increased rates of suicide, self-injury, and victimization
- Increasingly punitive conditions generate isolation, neglect and abuse
- Increased hypervigilance, emotional suppression, low self-efficacy

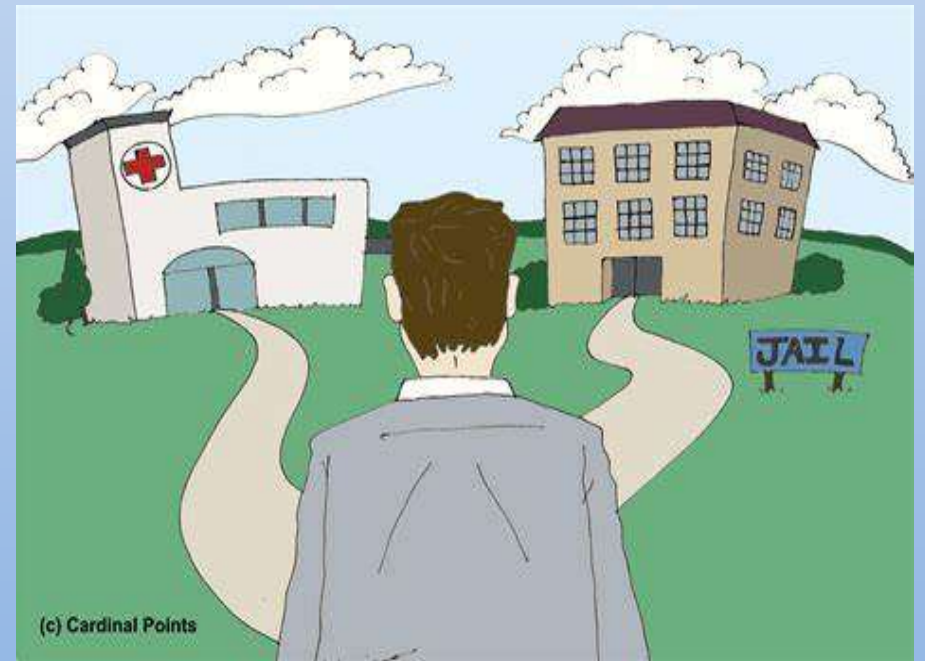
Of adults booked into jail in Washington state (2016):

- 58% had mental health treatment needs
- 61% had substance use disorder treatment needs
- 41% had co-occurring disorder indicators



CYCLICAL NATURE OF FORENSIC MENTAL HEALTH SYSTEM

- Types of entries
 - Evaluations
 - Transfer to in custody completion (TIC)
 - Competency Restorations (CR)
 - Dismissal



PATIENT A

- 15 entries from 2020 to current, including:
 - 9 Evaluations
 - 2 TICS
 - 2 CR'S



PATIENT B

- 21 entries from 2019 to current, including:
 - 10 Evaluations
 - 11 CR'S



PATIENT C

- 30 entries from 2018 to current, including:
 - 18 Evaluations
 - 9 CR'S
 - 3 Dismissals



CYCLICAL NATURE OF FORENSIC MENTAL HEALTH SYSTEM

- Vicious cycle
- Violent vs non-violent
- What can WA state and OFMHS change



Continuum of Care in Forensic Mental Health: Identifying and Addressing Gaps



Gaps in Continuum of Care

Lack of Coordination between Facilities and Services

- Forensic psychiatric facilities and community-based mental health services often operate independently
- This lack of coordination may lead to delays in treatment, increased risk of relapse or recidivism



Gaps in Continuum of Care - Continued



Inadequate Discharge Planning

- Discharge planning from forensic psychiatric facilities can often be insufficient
- This may include poor planning for follow-up care, medication management, and social support services



Gaps in Continuum of Care - Continued



Stigma, Discrimination, and Limited Access to Resources

- Individuals from forensic psychiatric facilities may face community stigma and discrimination
- They may also have limited access to resources like housing, employment, and transportation
- These factors can lead to social isolation, difficulty in accessing healthcare, and a cycle of poverty

Gaps in Continuum of Care - Continued



Support for Families: An Unmet Need

- Family members may not receive adequate support to assist the transition back to community
- Insufficient support can lead to a lack of understanding and increase risk of relapse or recidivism



Alternative Models to Forensic Mental Health

NATIONWIDE COMPARISONS OF FORENSIC MENTAL HEALTH

