

Forensic Issues in the State Mental Health System

NASMHPD ANNUAL MEETING

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Agenda

- Welcome and introductions
- Overview of Forensic Issues in the State Mental Health System
 - **Dr. Debra Pinals, M.D.**, Senior Medical & Forensic Advisor/Editor-in-Chief, NASMHPD; Adjunct Clinical Professor of Psychiatry, Director, Program in Psychiatry, Law and Ethics, University of Michigan; Medical Director of Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services
- Forensic Mental Health Services in the United States: 2017-2024
 - **Erin Bauer, M.A.**, Senior Research Associate, NRI
- State Reflections
 - **Alabama: Dr. Virginia Scott-Adams, Psy.D.**, Director of Forensic Mental Health Services, Alabama Department of Mental Health
 - **Missouri: Dr. Jeanette Simmons, Psy.D.**, Deputy Director, Missouri Department of Mental Health

Technical Assistance Coalition Paper: Forensic Mental Health Services in the United States: 2017-2024

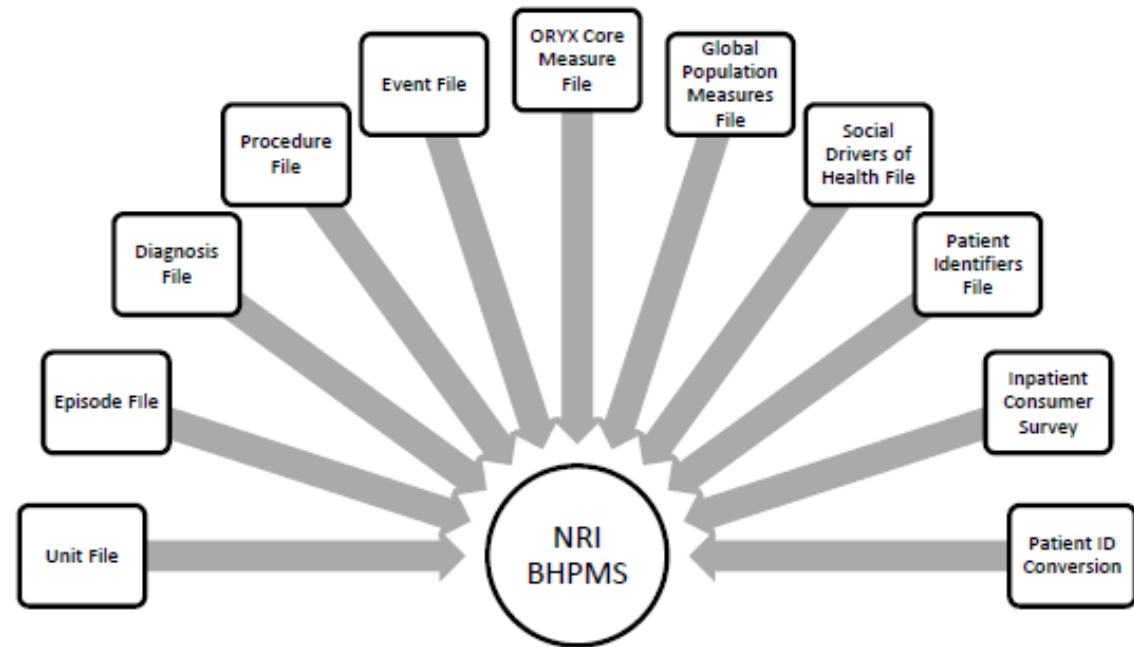
ERIN BAUER, M.A.

SENIOR RESEARCH ASSOCIATE, NRI



Methodology: NRI's Behavioral Healthcare Performance Measurement System (BHPMS)

- Secondary data analysis included data from 30 states and 105 state psychiatric hospitals with complete data
- Adults (18 and over at date of admission)
- Admissions 2017-2024
- Annual admissions: July 1st-June 30th
- Census: July 1st



Data Submission Guidelines

Methodology: Survey of State Forensic Directors

- NRI developed the Mental Health Forensics component for the 2024-2025 State Mental Health Agency Profiling System in collaboration with NASMHPD's Forensic Division.
- NRI distributed survey via email to State Forensic Directors/Commissioners in April 2025 (50 states, Washington, D.C., and Puerto Rico).
- Outline of Mental Health Forensics component:
 - Forensic Responsibilities of the SMHA
 - Adult Competency to Stand Trial (CST) Evaluations
 - Adult Competency Restoration (CR)
 - Not Guilty by Reason of Insanity (NGRI)
 - Special Forensic Population Services
 - Initiatives to Reduce Forensic Inpatients
 - Criminal Justice Diversion Initiatives
 - Forensic Supports

2024-2025 STATE MENTAL HEALTH AGENCY PROFILING SYSTEM

Mental Health Forensics

The 2024-2025 State Mental Health Agency (SMHA) Profiling System (SPS) updates information compiled from the SMHAs in prior years to include information about relevant topics and issues that are meaningful to SMHAs and other behavioral health stakeholders. The purpose of this initiative is to develop and maintain a centralized compilation of descriptive information about the organization, funding, operation, services, policies, statutes, staffing, and clients of SMHAs. Whenever possible, information from existing sources will be incorporated into the SPS to minimize the burden of updating data to SMHAs. Potential sources of information include but are not limited to the National Association of State Mental Health Program Directors Research Institute's (NRI) Behavioral Healthcare Performance Measurement System (BHPMS), the U.S. Census Bureau, and the SAMHSA Uniform Reporting System (URS).

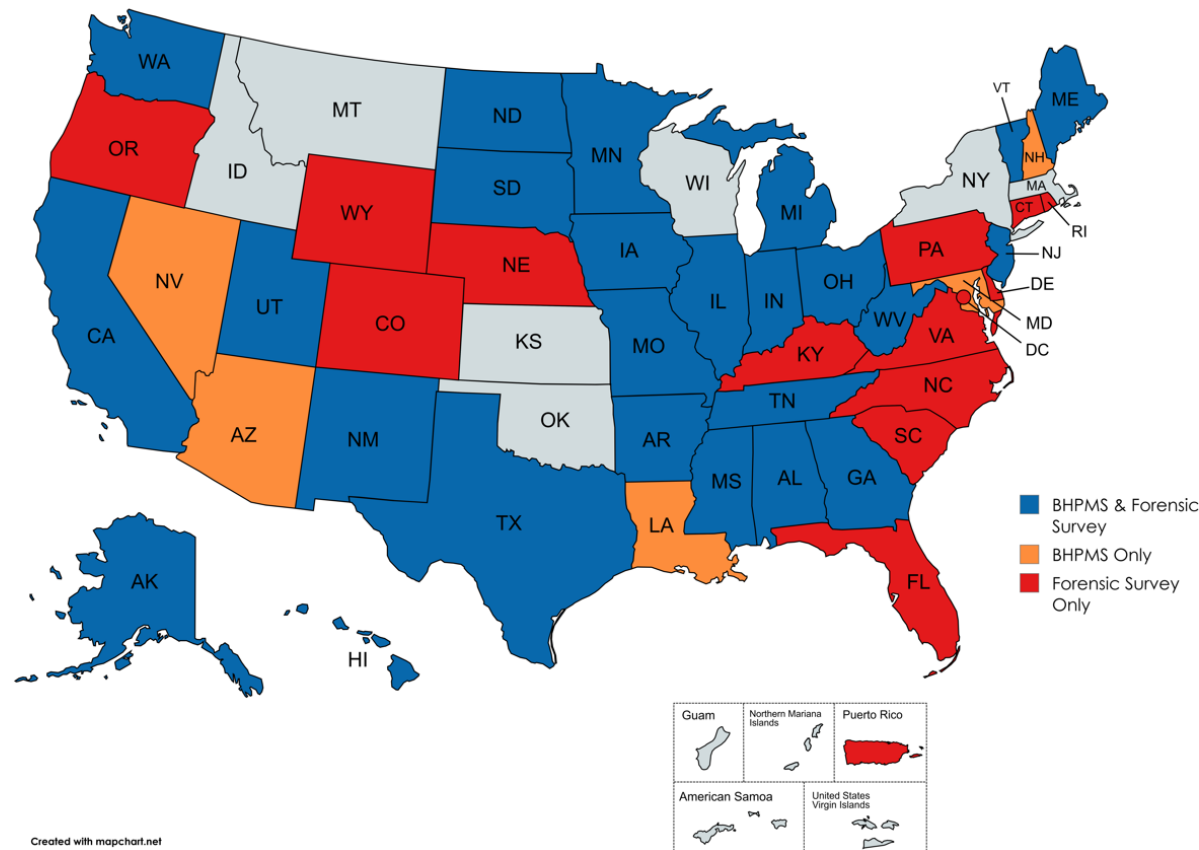
Many states are reporting their mental health system has experienced a major increase in the number of individuals being referred for evaluations of competency to stand trial (CST) and/or competency restoration (CR). These increases are causing capacity issues in many state psychiatric hospitals. To remedy this issue, states are undertaking efforts to develop community and jail-based mental health services for individuals involved with the justice system. This SPS component is designed to capture information about the forensic mental health services in states, including state efforts to develop community alternatives. This component provides a unique opportunity for states to share the successes and challenges associated with providing forensic mental health services within their state and will create a platform for nationwide discussion.

This questionnaire was developed by NRI, in collaboration with the National Association of State Mental Health Program Directors' (NASMHPD) Forensic Division. NRI consulted with forensic experts to develop questions that can assist states with identifying their progress as well as challenges associated with providing forensic mental health services to individuals involved with the justice system. NRI will present findings of this component in July 2025 at NASMHPD's Annual Meeting to state mental health Commissioners/Directors and other behavioral health professionals, policymakers, and industry leaders. In addition, NRI will conduct a briefing on the results of this component for NASMHPD's Forensic Division members. Finally, results will be summarized in a publicly available report on forensic mental health services across all states. NRI will provide states with the opportunity to review the report before sharing findings.

Please direct any questions to Erin Bauer (erin.bauer@nri-inc.org; 703-738-8166) or Ted Lutterman (tlutterman@nri-inc.org; 703-738-8164).

Completed component should be submitted to forensics@nri-inc.org no later than April 23, 2025.

Methodology: States Included in Analysis



- 25 states have both BHPMS & Forensic Survey data
- 5 states have BHPMS data only
- 13 states, Washington, D.C., and Puerto Rico have Forensic Survey data only

Trends in Forensic & Non-Forensic Patients in State Psychiatric Hospitals 2017-2024

Methodology: BHPMS Data – Admission Legal Status

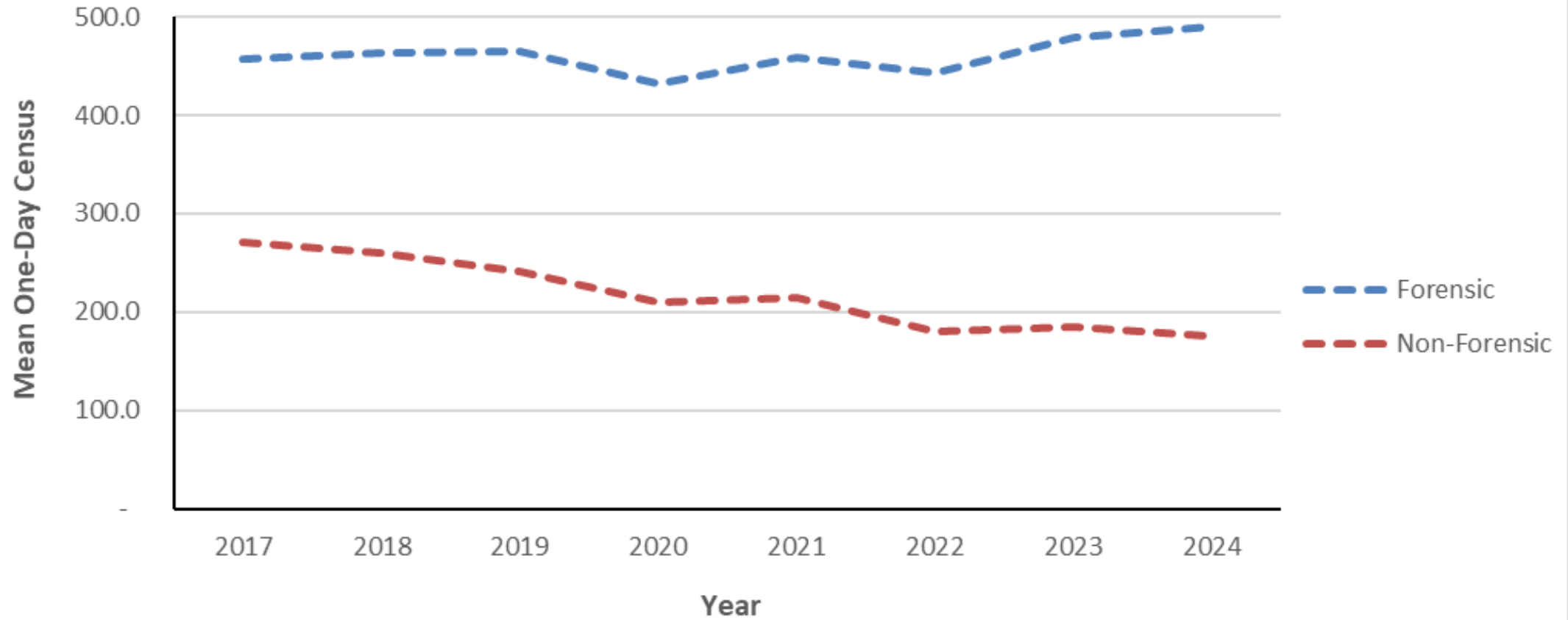
Forensic Patients

- Involuntary – Pre-Trial Evaluation
- Involuntary – Incompetent to Stand Trial
- Involuntary – Not Guilty by Reason of Insanity
- Involuntary – Guilty but Mentally Ill
- Involuntary – Dangerous but Mentally Ill
- Involuntary – Criminal – Undefined

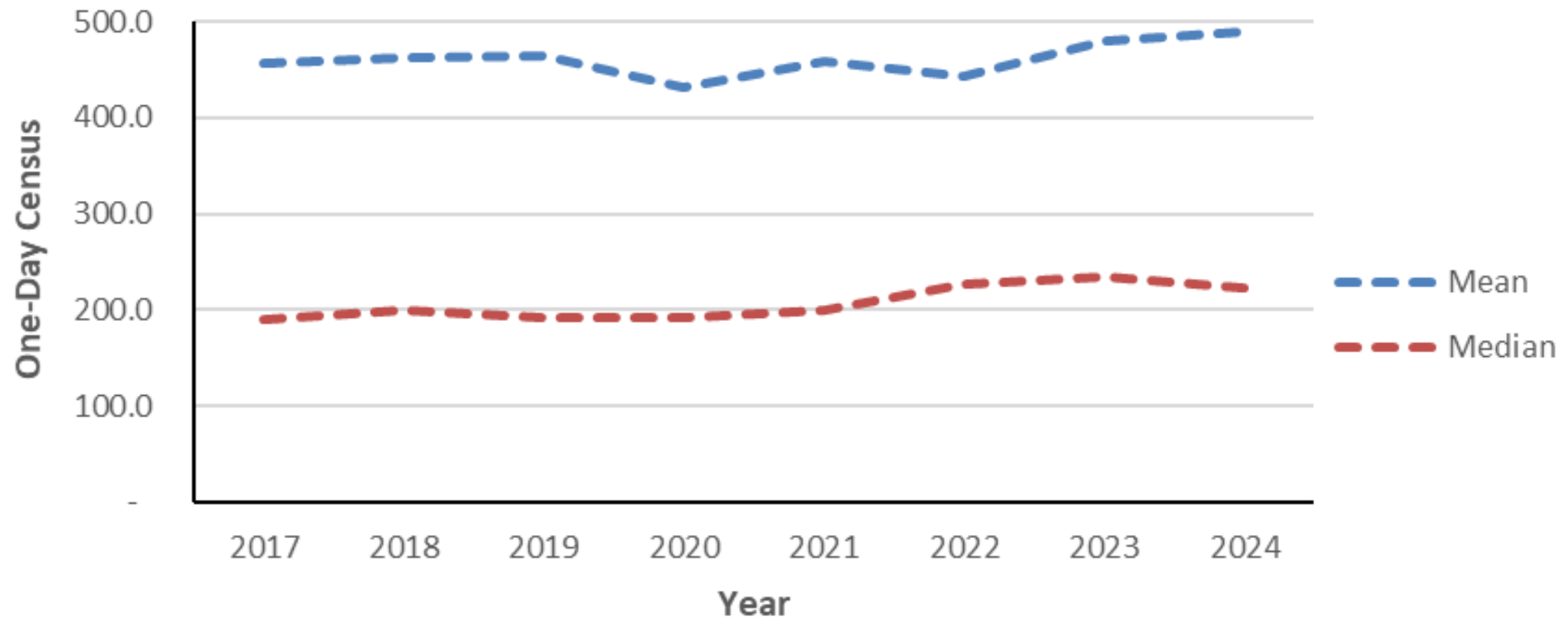
Non-Forensic Patients

- Voluntary-Self
- Voluntary – Others (by guardian, parents, legal system, etc.)
- Involuntary – Juvenile Justice
- Involuntary – Civil - Other

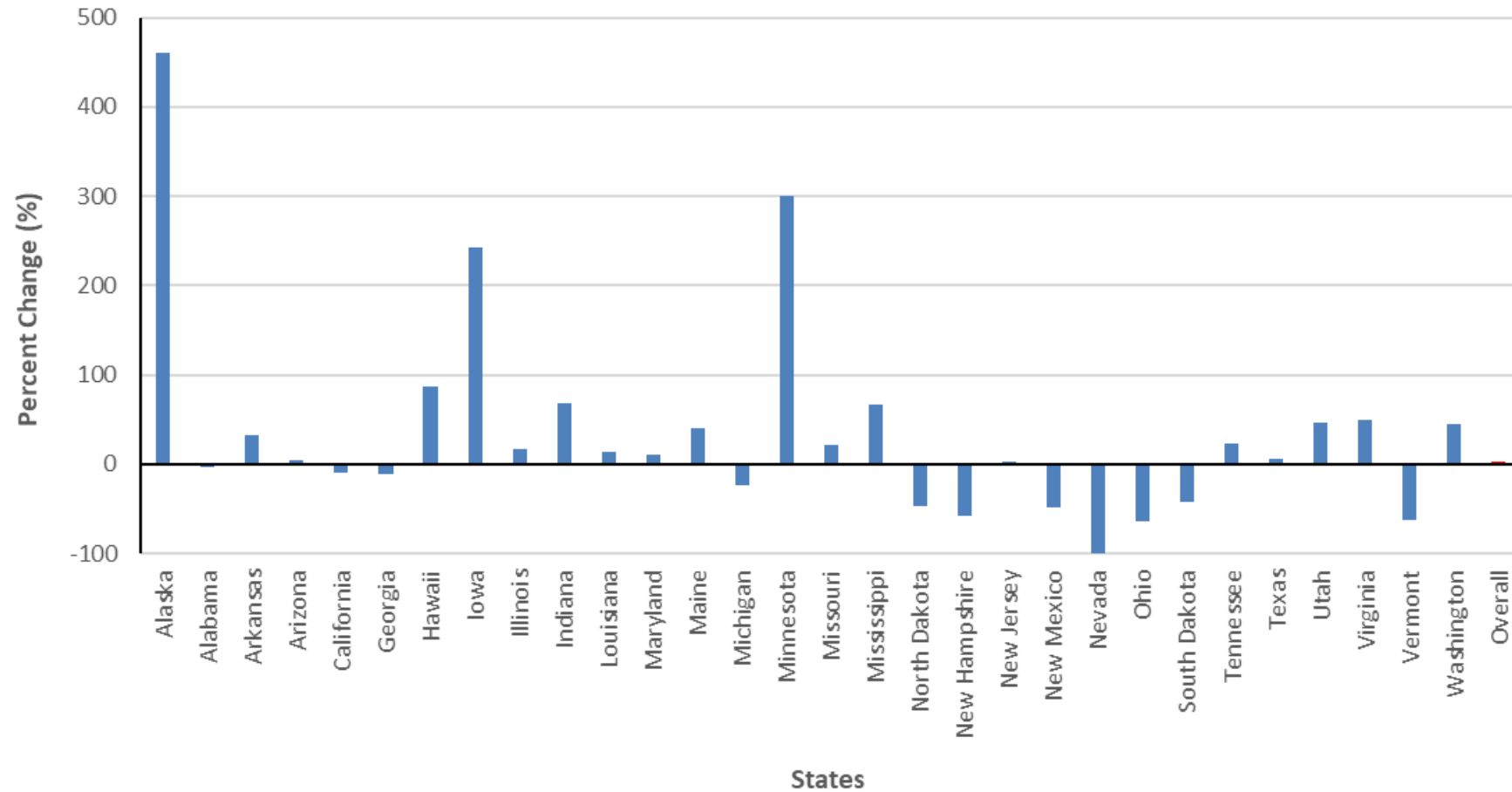
Annual Mean One-Day Census of Adult Forensic and Non-Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



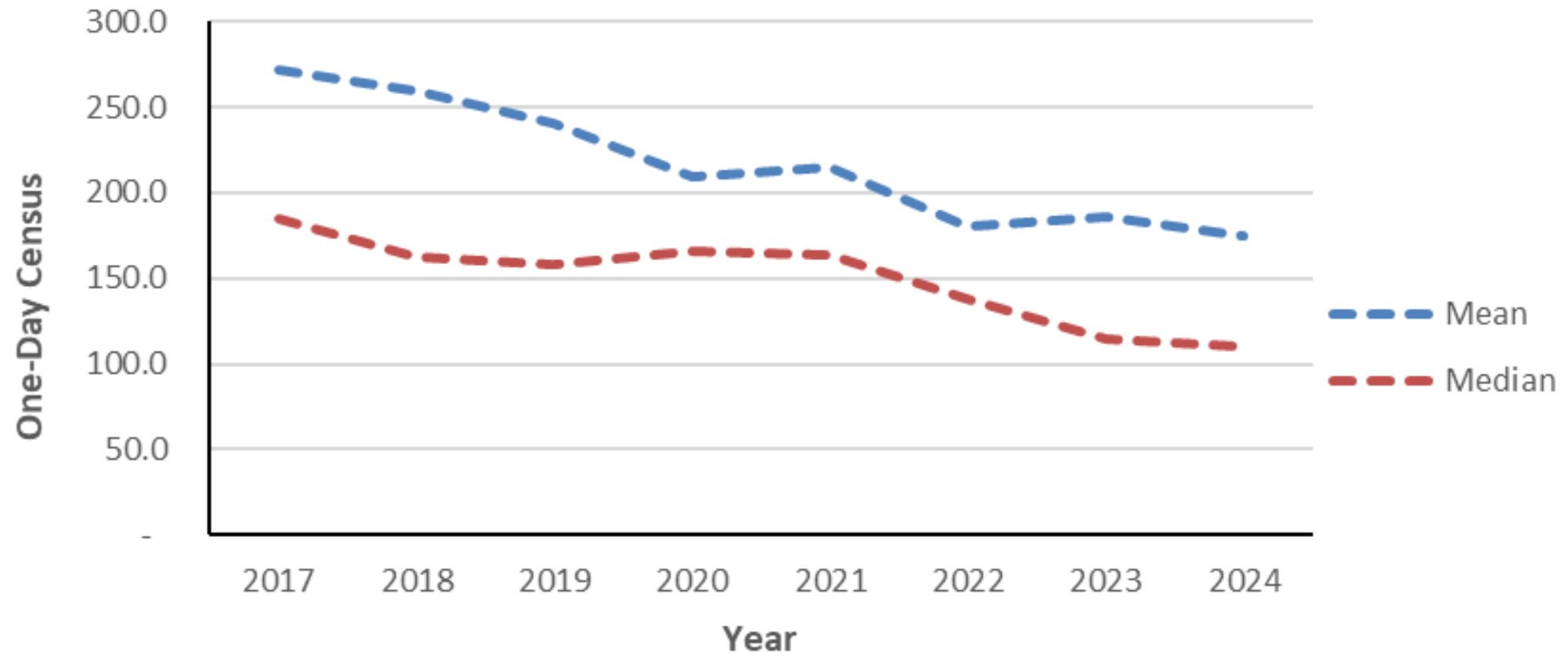
Annual One-Day Census of Adult Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



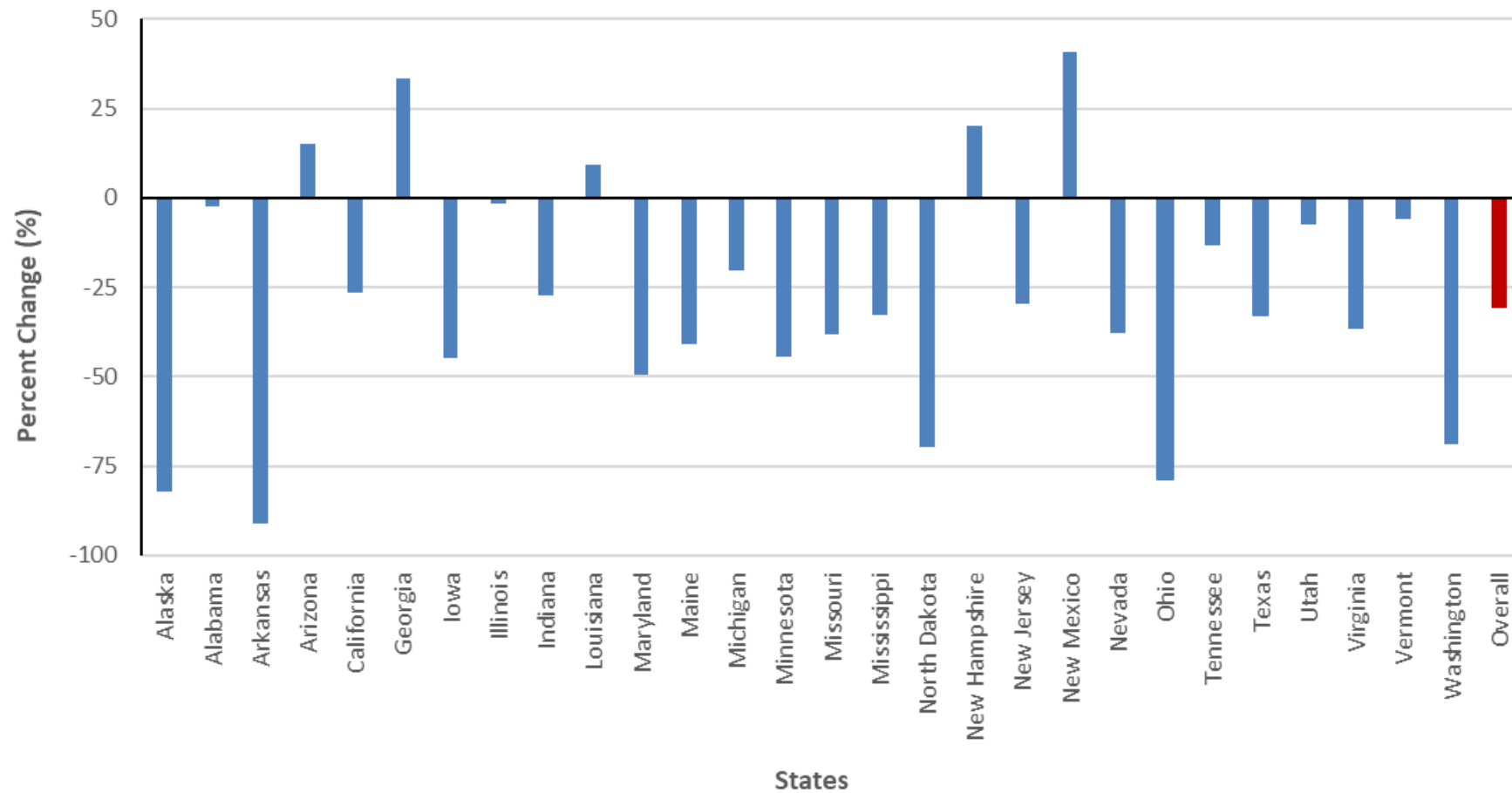
Percent Change in One-Day Census of Adult Forensic Patients at State Psychiatric Hospitals 2017 & 2024 ($n=30$)



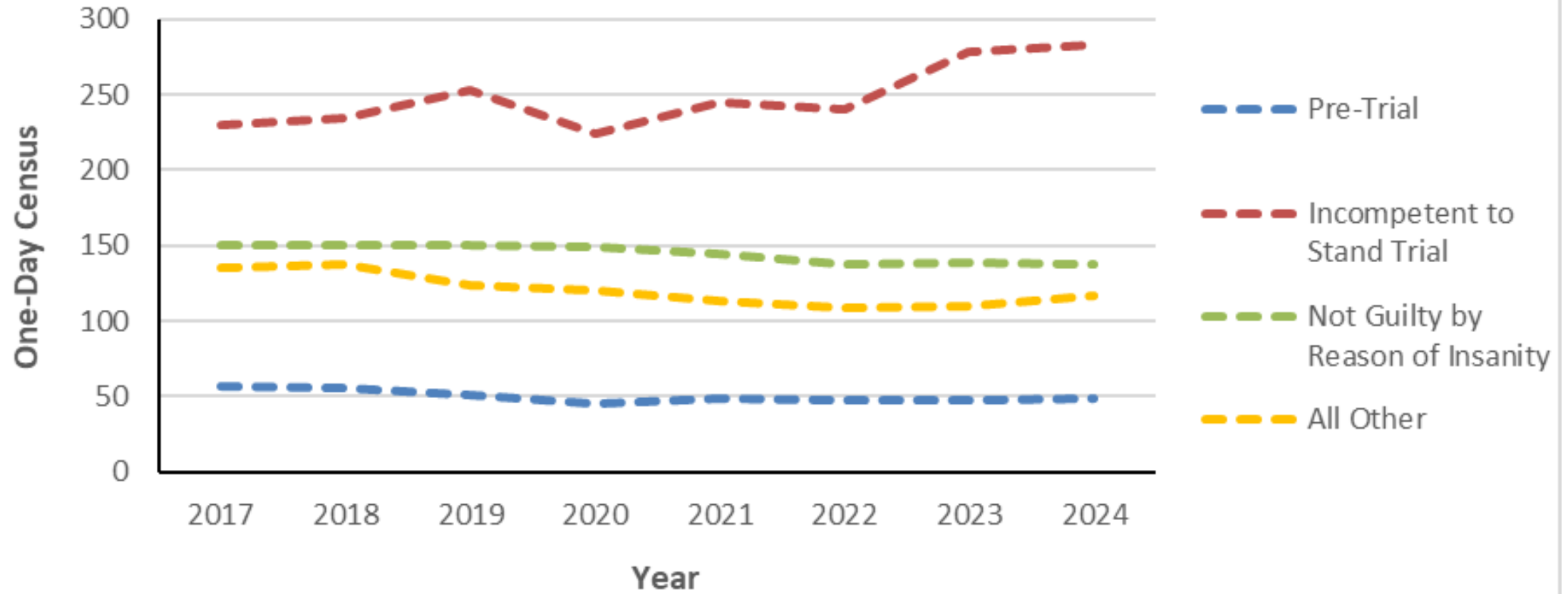
Annual One-Day Census of Adult Non-Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



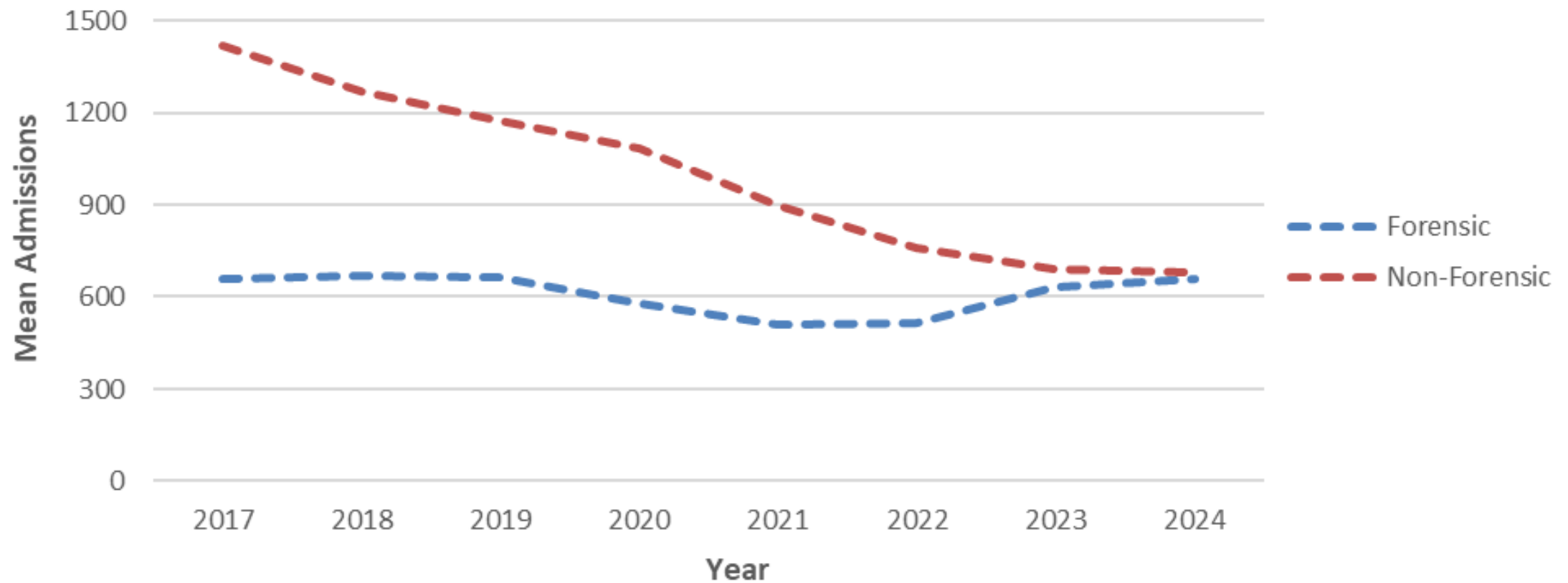
Percent Change in One-Day Census of Adult Non-Forensic Patients at State Psychiatric Hospitals 2017 & 2024 (n=28)



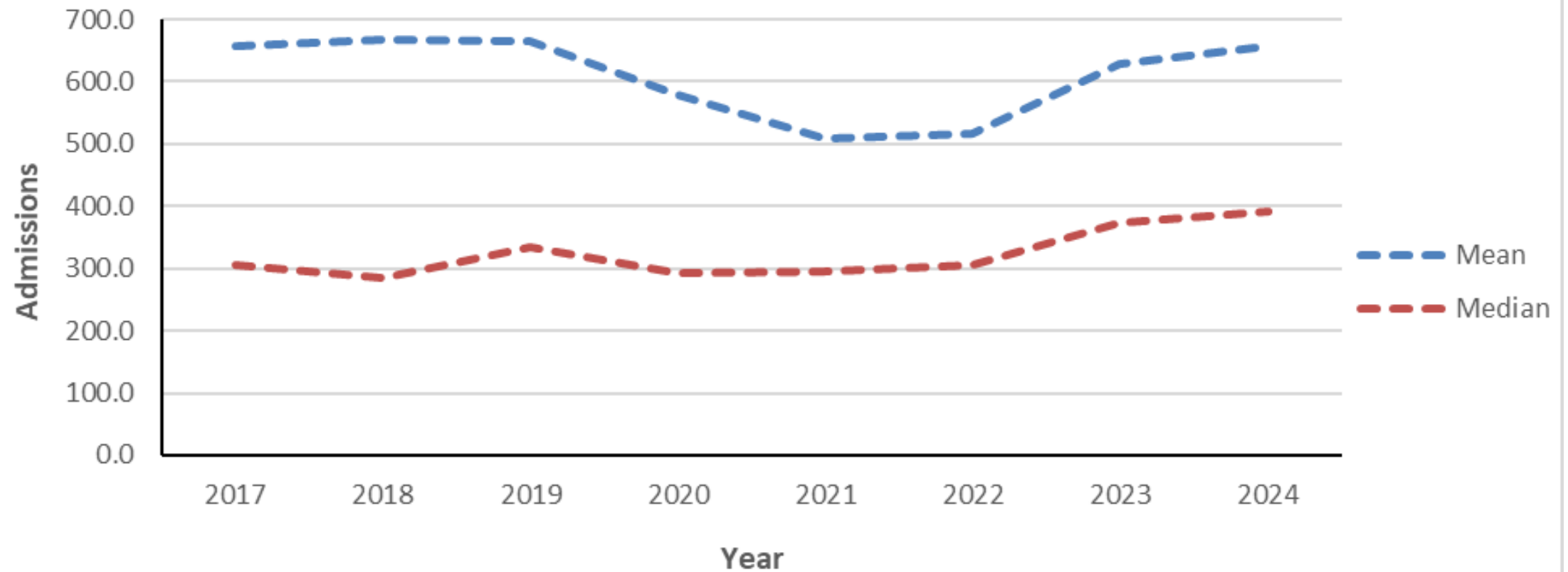
Mean Annual One-Day Census of Adult Forensic Patients at State Psychiatric Hospitals by Admission Legal Status, 2017-2024 ($n=30$)



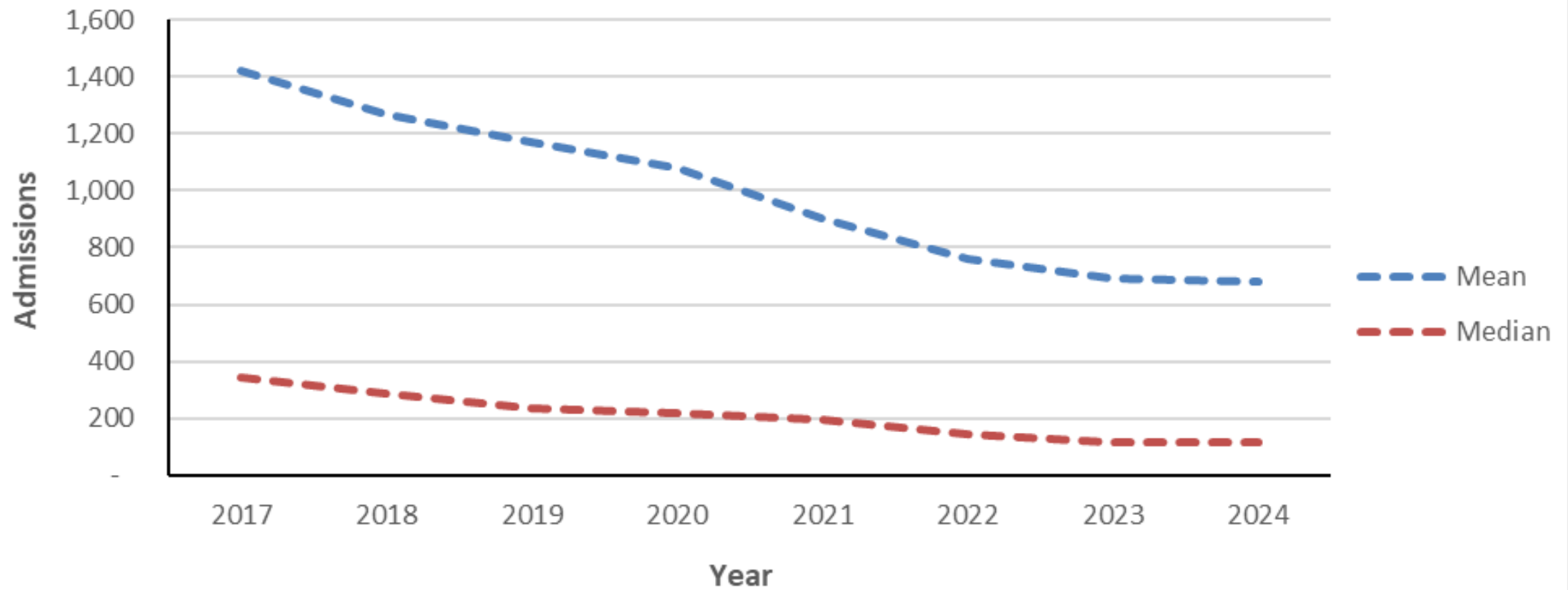
Annual Mean Admission of Adult Forensic and Non-Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



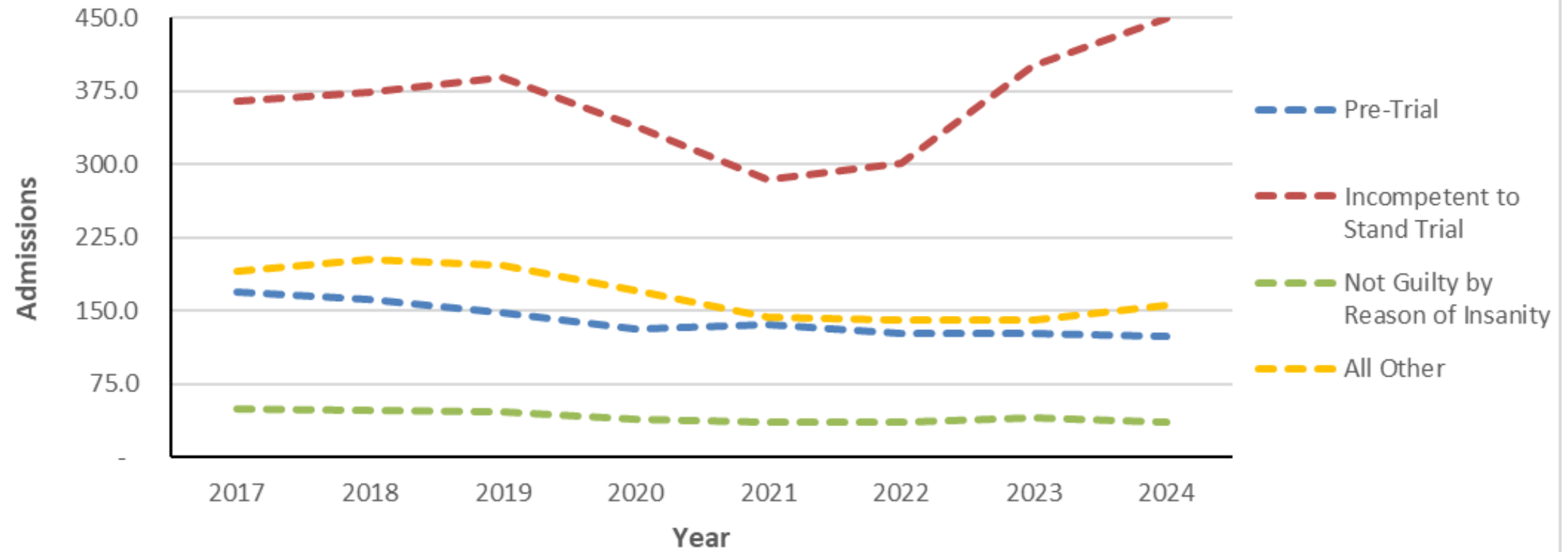
Annual Admission of Adult Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



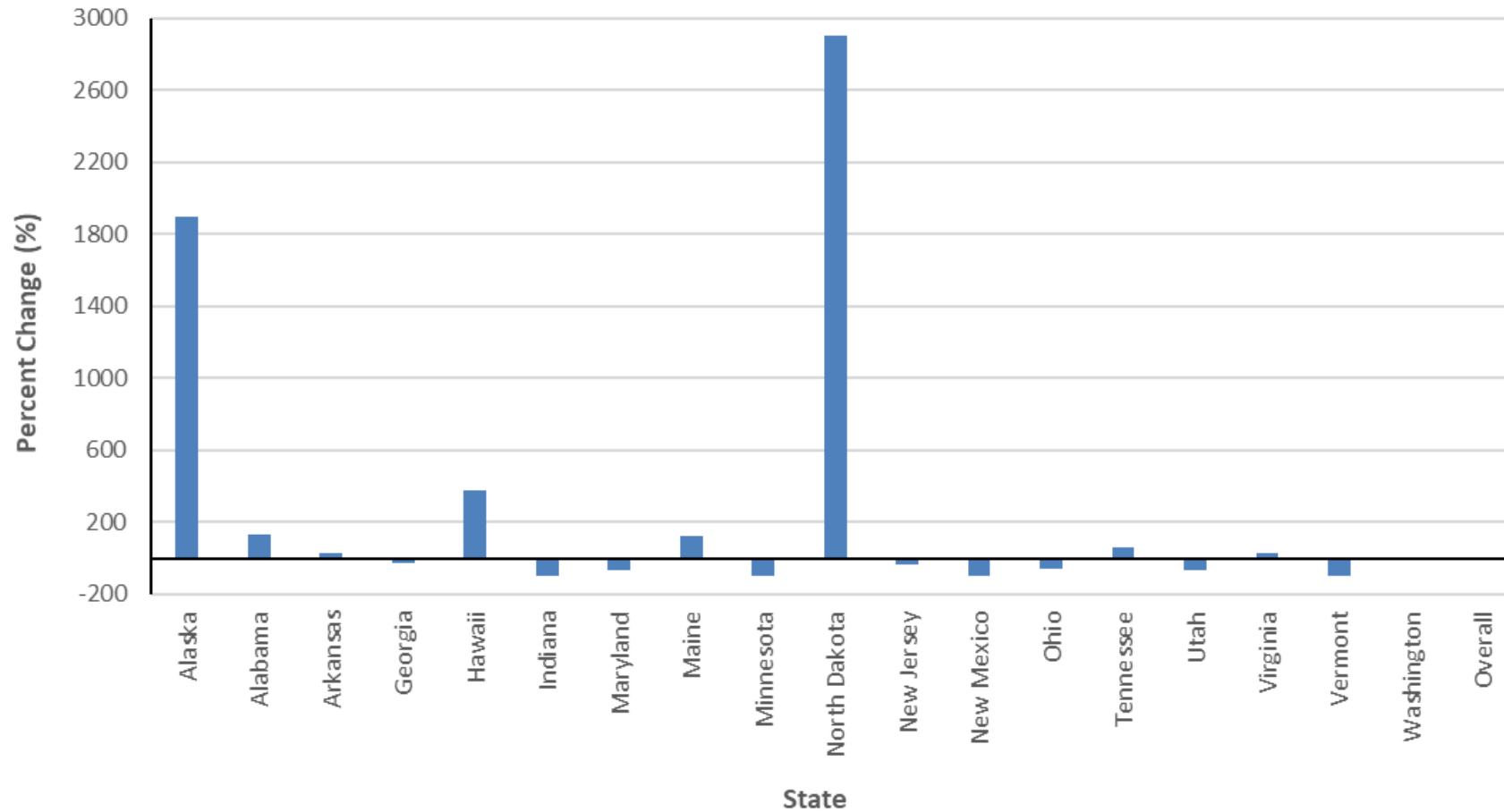
Annual Admission of Adult Non-Forensic Patients at State Psychiatric Hospitals, 2017-2024 ($n=30$)



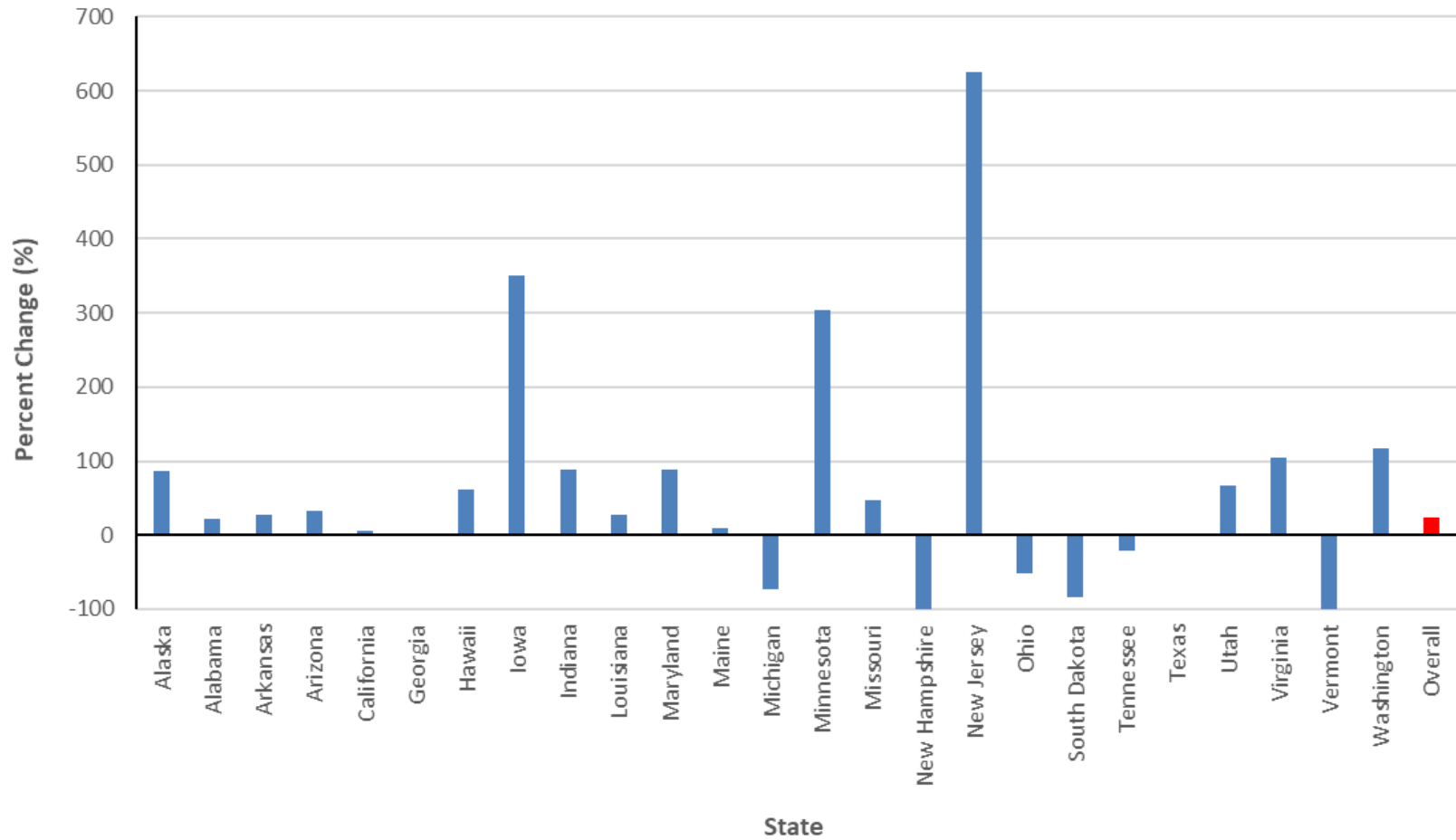
Mean Annual Admissions of Adult Forensic Patients at State Psychiatric Hospitals by Admission Legal Status, 2017 to 2024 ($n=30$)



Percent Change in One-Day Census of Adult Pre-Trial Evaluation Patients
at State Psychiatric Hospitals 2017 & 2024 ($n=18$)



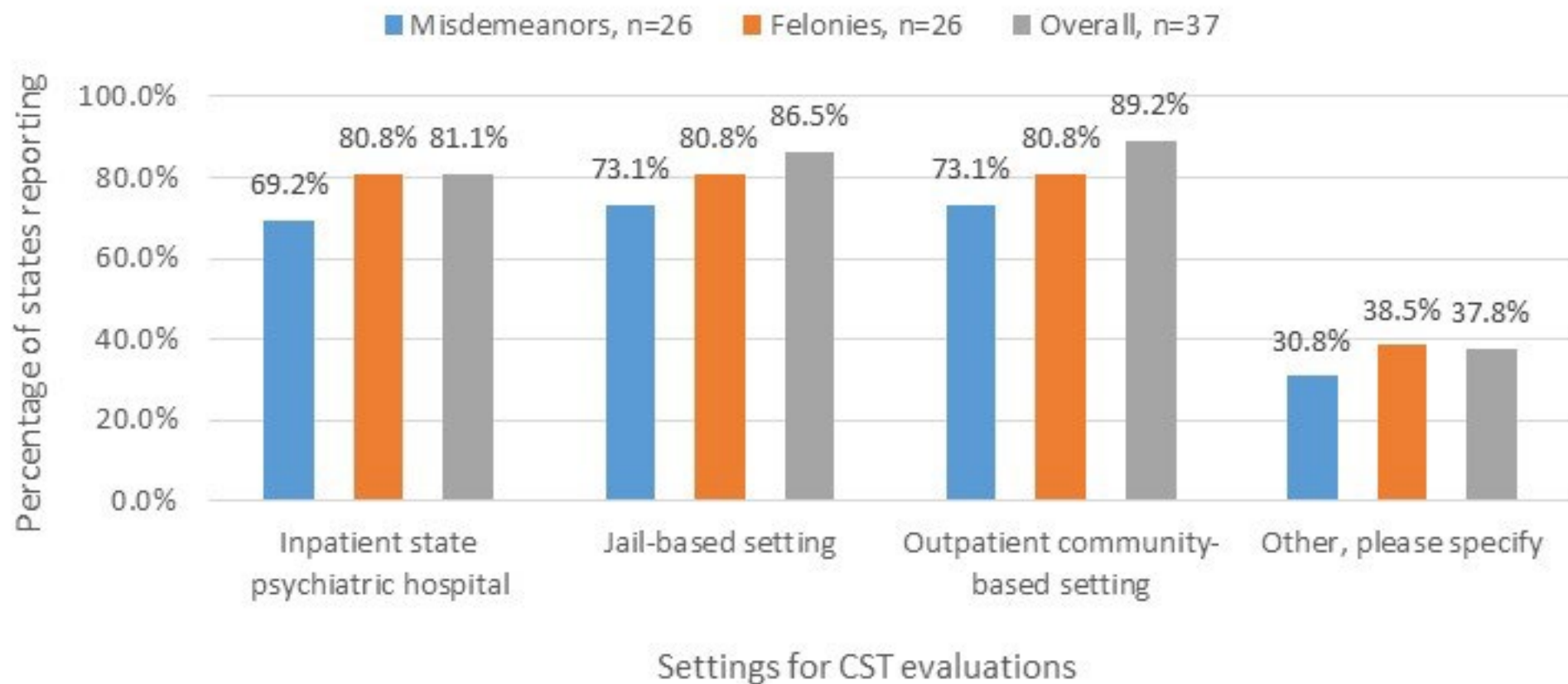
Percent Change in One-Day Census of Adult Incompetent to Stand Trial Patients at State Psychiatric Hospitals 2017 & 2024 ($n=25$)



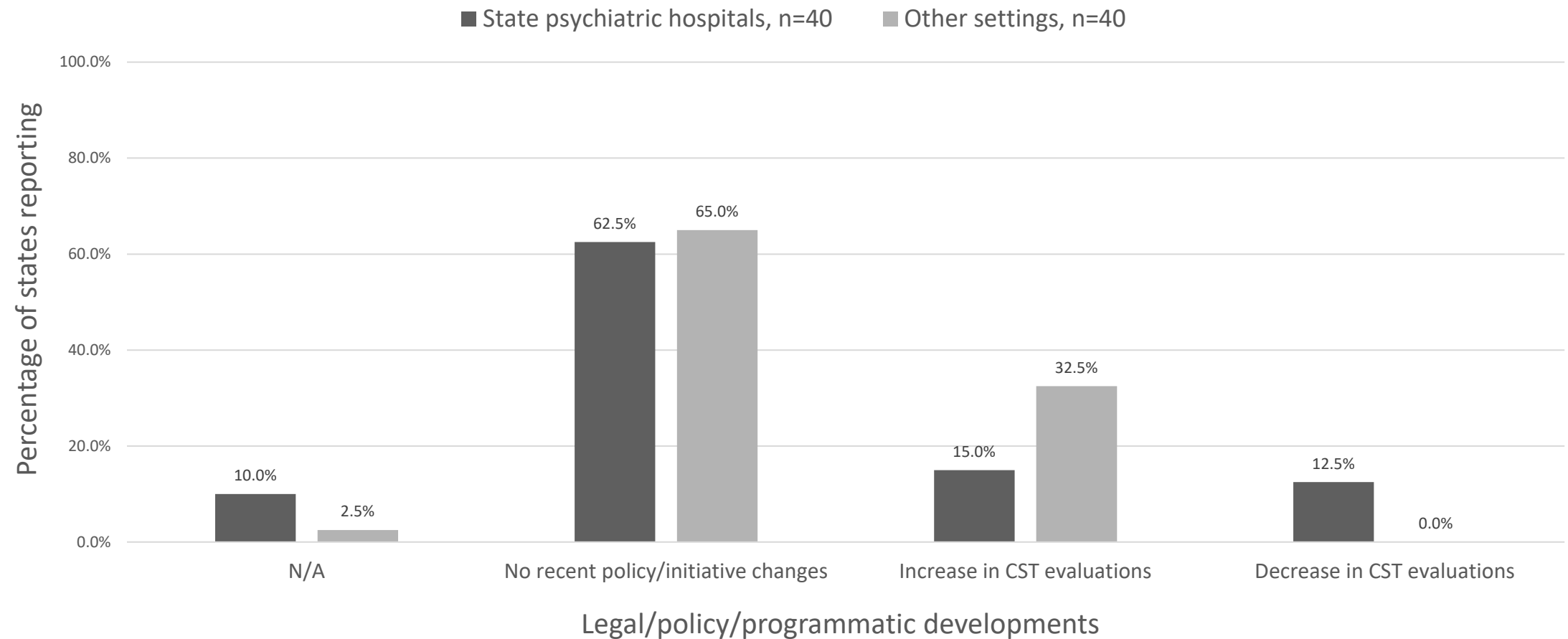


Survey of State Forensic Directors: Preliminary Findings

Percentage of states conducting CST evaluations by setting and charge level



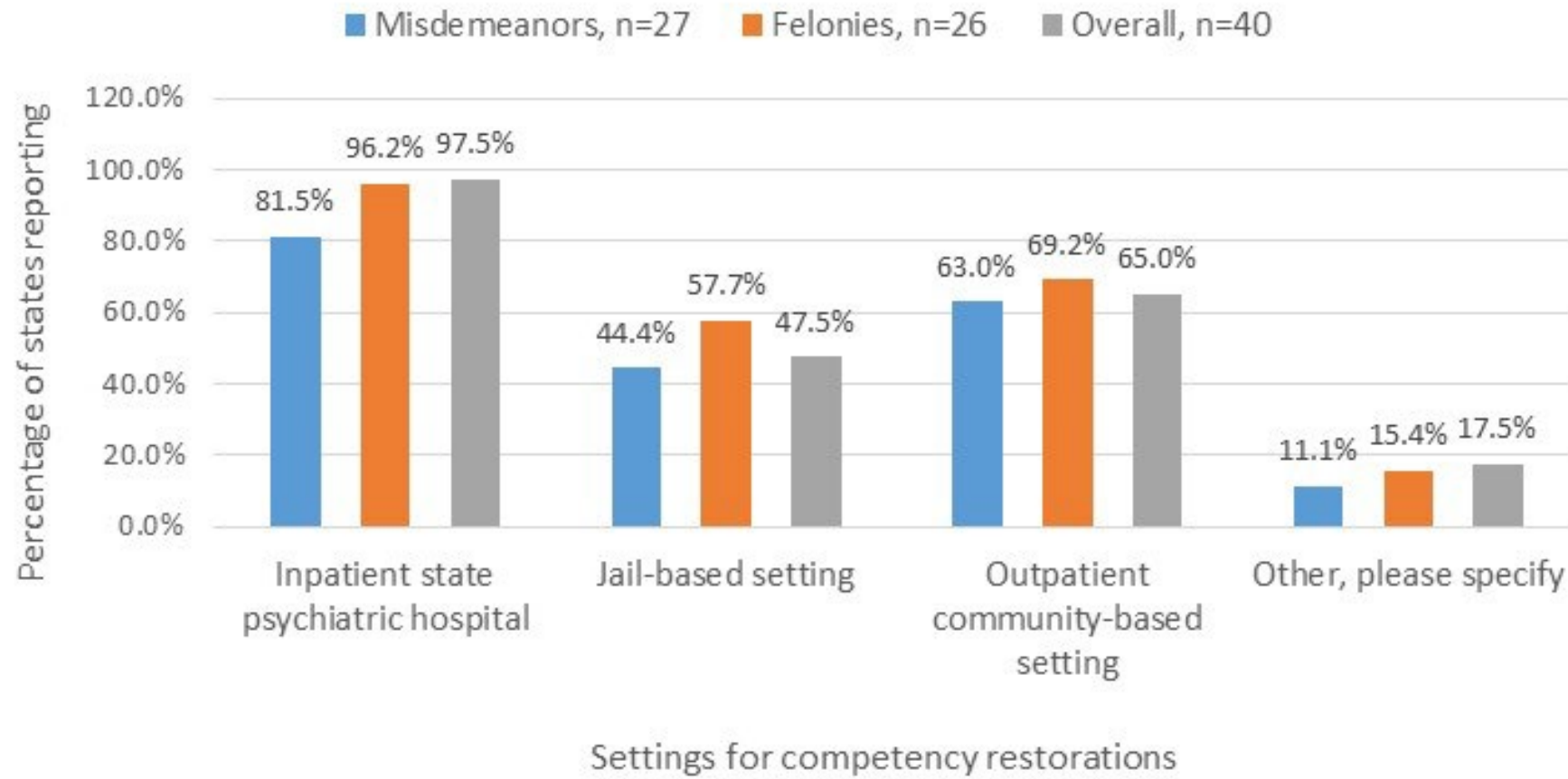
Recent Legal/Policy/Programmatic Developments and Impacts Related to CST Evaluations



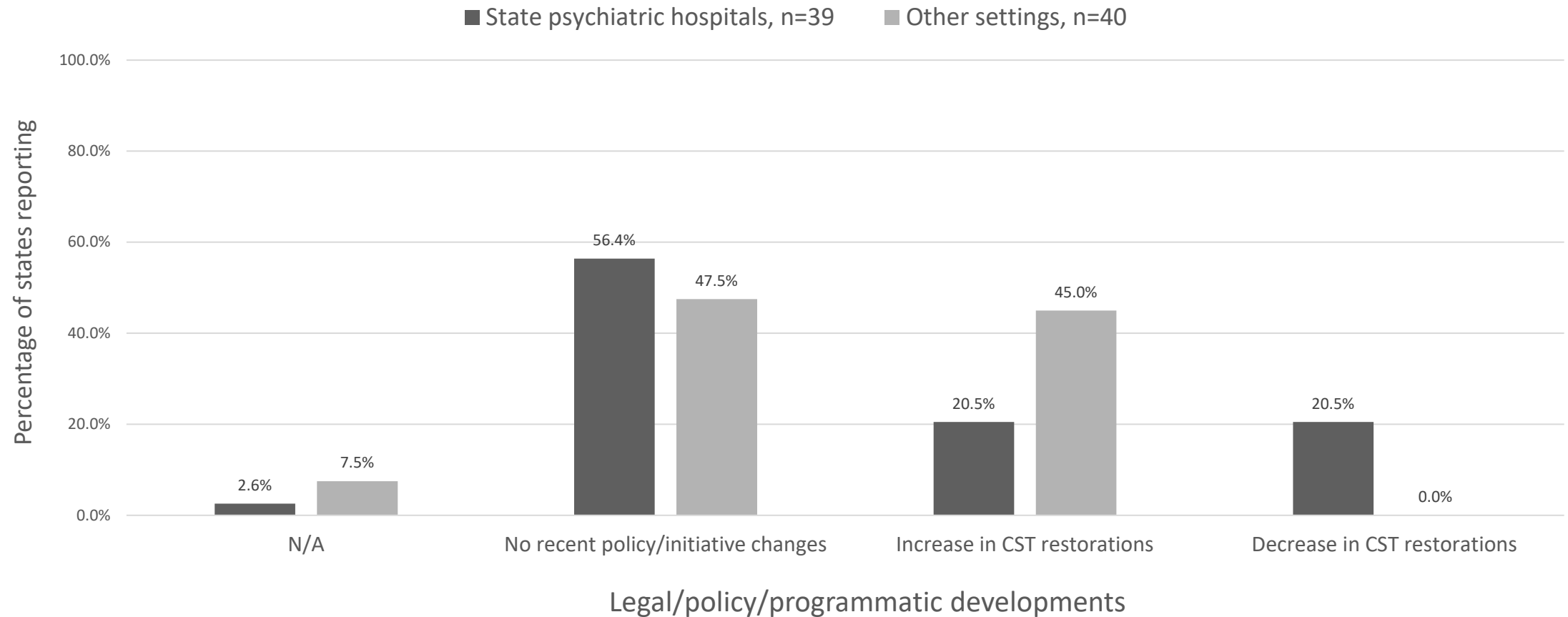
Legal/Policy/Programmatic Developments Related to CST Evaluations

- Hospital admission policy changes (only admitting patients adjudicated IST, instead of all individuals in need of evaluations)
- Legislation that requires or allows evaluations to be conducted in outpatient settings
- Expanded training and use of forensic evaluators to conduct evaluations in multiple settings (community, jails, evaluators' private offices)
- Forensic Navigator Programs – Allows for more court-ordered individuals to be assessed at the community level
- Jail-based competency services that allow for evaluations

Percentage of States Providing Competency Restoration Services by Setting and Charge Level



Recent Legal/Policy/Programmatic Developments and Impacts Related to CST Restorations



Legal/Policy/Programmatic Developments Related to Competency Restoration

- Increase in CR at state psychiatric hospitals
 - State investment in forensic psychiatric capacity (e.g., new hospital/more forensic beds)
 - Shifting financial responsibility from the counties to the state
 - Efforts to reduce waitlists by providing more adults with competence restoration in state hospitals
- Decrease in CR at state psychiatric hospitals/Increase in Other Settings
 - Legislation indicating least restrictive environment for restoration should be presumed outpatient if individual is facing misdemeanor charges
 - Legislation allowing competency restoration to be provided at alternate sites (and not exclusively inpatient)
 - Forensic Navigator Programs to assist with diversion efforts (i.e., divert appropriate individuals into treatment options in lieu of prosecution)
 - Co-responder programs, jail diversion, and other diversion initiatives along SIM
 - CIT training for law enforcement
 - Jail-based and outpatient restoration programming

Competency Restoration Best Practices in Outpatient Settings

- Multidisciplinary team approach
- Oversight and training of providers
- Community integration and coordination with local providers
- Integration of peer support and forensic navigators
- Holistic and person-centered approach
- Comprehensive wraparound services
- Adjunctive psychiatric treatment (e.g., medication, use of cognitive behavioral therapy for psychosis)
- Structured and standardized competency education curricula
- Regular monitoring of progress/adjustments
- Flexible service delivery (e.g., telehealth, individual services vs. group therapy)
- Minimize barriers for service access (e.g., flexible scheduling, appointment reminders, transportation assistance)
- Integration of housing and stability supports

Greatest Impacts on Access to Forensic Services

- Expansion of outpatient and jail-based restoration options
- Legislative reforms to clarify and expand forensic processes
- Increased forensic bed capacity and infrastructure improvements
- Enhanced collaboration between systems and stakeholders
- New programs and technology to expand access and efficiency
- Development/expansion of diversion initiatives and community support

State Reflections

- **Alabama: Dr. Virginia Scott-Adams, Psy.D.**, Director of Forensic Mental Health Services, Alabama Department of Mental Health



- **Missouri: Dr. Jeanette Simmons, Psy.D.**, Deputy Division Director, Missouri Department of Mental Health



- **What are your thoughts on the data presented and what does it tell you?**
- **What can you tell us about what is going on in your state?**