

Forensic Mental Health Care in the Texas State Hospital System

Matthew Faubion, M.D.

Forensic Psychiatrist
Chief of Forensic Medicine

Health and Specialty Care System

HHSC

Overview

- The Forensic Patient in Texas
- Pre-Admission Clinical Review
- Dangerousness Review Board Function and Composition
- State Hospital Settings and Service Availability
- New Directions in Forensic Care

The Forensic Patient in Texas

- Predominantly male
- 80% have a primary psychotic disorder
- 75% have a substance use comorbidity
- Felony charges
- Not competent to stand trial
 - 95% 46B, but the 46C's stay much longer
- The forensic patients stay longer in the state hospital than their civil counterparts
 - 7 civil admissions per 1 forensic bed

The State Hospital System

- 2269 inpatient beds
 - Spread across 10 campuses
- 94.5% occupancy rate
- 66% of patients in State Hospitals are under forensic commitments
 - 80% are on competency restoration commitments
 - 20% are on NGRI commitments
- Crossover to a forensic system in FY2016

Timeline of Patient Movement Through the State Hospital Forensic Mental Health System

- Typically a Felony Arrest
- Finding of Incompetency from Evaluator
- Clinically-Informed Determination of Site of Admission
- Competency Restoration or Treatment Aimed at Community Reintegration/Transition
- Trial – Adjudication
- If found NGRI – return to system

Clinical Review for Placement of Forensically Committed Persons

- New legislation effective 1 September 2019
- In the past, charge type determined location of commitment
 - Violent offenses mandated to maximum security
- Now, a three-tiered review system places persons in the most clinically-appropriate setting

Clinical Review for Admission Under a Forensic Commitment

- Basic system remains the same
- Charge type determines initial track
 - Maximum security vs. Non-maximum security
- Factors for Consideration
 - Bond status
 - Prior treatment in less restrictive settings
 - Details of the offense
 - Risk of unauthorized departure
 - Violence risk/Community Safety
 - Individual Clinical factors

Clinical Review and Waiver Process

- A clinician provides an initial screen of each commitment packet
 - If waiver is recommended, then the packet and the endorsement is forwarded on
- Chief of Forensic Medicine reviews the information
 - Attention to dangerousness risk factors, community safety, and clinical need
 - If waiver is recommended, forwards to:
- Associate Commissioner of the State Hospital section is the final approval authority

Notification of Assignment and Admission Facility After Review

- Court is notified of the location of admission
- POC is designated at the facility for communication with the court
- Person is placed into the waiting list for admission to the appropriate clinical setting

Manifestly Dangerous

- This is not a clinical term
- An individual who, despite receiving appropriate treatment, including treatment targeted to the individual's dangerousness, remains likely to endanger others and requires a maximum-security environment in order to continue treatment and protect public safety.

Dangerousness Review Board

- Texas Administrative Code Chapter 415 subchapter G
 - Deals with determination of Manifest Dangerousness
 - Convenes monthly for two to three days via videoteleconference
 - First hearing held within 45 days of admission to maximum security
 - Then no less than every 6 months thereafter

DRB Composition

- Five Member Board
- Member Qualifications
 - Must have provided mental health services for at least one year directly or through supervision of other staff
 - Psychiatrist: Texas license, board eligible
 - Psychologists: licensed in Texas
 - Clinical Master's level social workers: licensed in Texas
 - Registered Nurse: licensed with a BSN and ANCC Certification in Psychiatric Nursing or Master of Science in Nursing degree

DRB Proceedings

- Treatment team submits a report
- Treatment team presentation
- Will hear testimony from the patient and witnesses
- Deliberate
 - The finding must be unanimous to find someone Not Manifestly Dangerous
 - If one person on the board believes the individual is Dangerous, then they remain in a maximum-security setting

Receiving Hospitals

- North Texas State Hospital – Vernon
 - MSU
- Big Spring State Hospital
- Terrell State Hospital
- Rusk State Hospital
 - MSU
- Waco Center for Youth
- North Texas State Hospital -Wichita Falls
- Kerrville State Hospital
- San Antonio State Hospital
- Austin State Hospital
- Rio Grande State Center

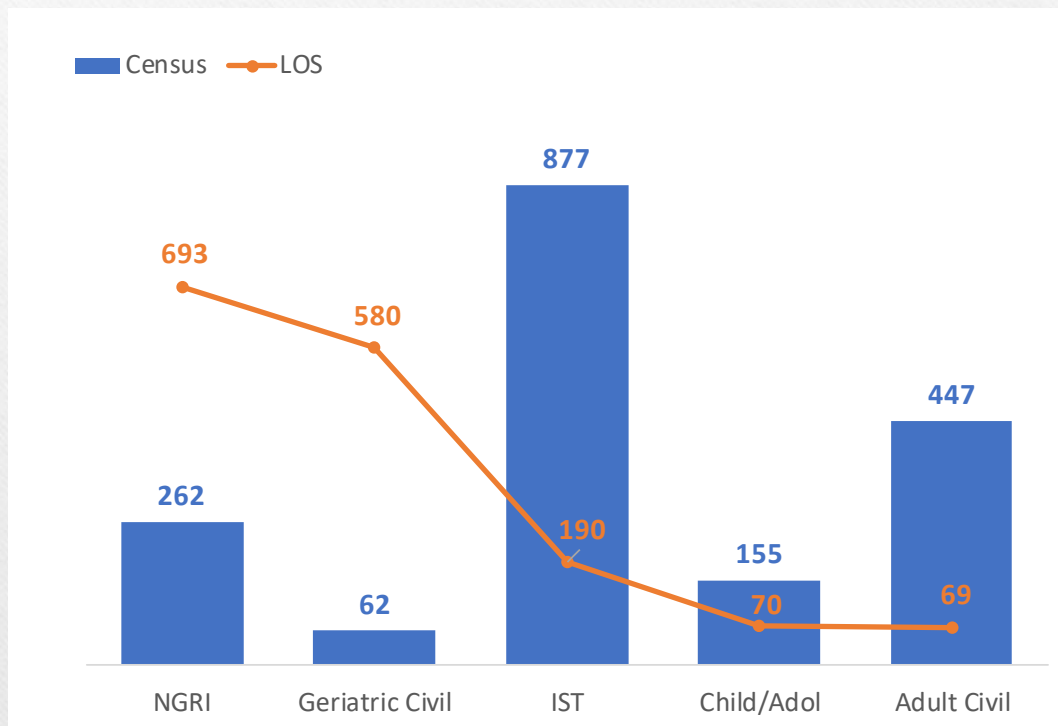
State Hospital Service Availability

- Competency Restoration
- Specific Programming for Special Populations
- Psychological Services
- Psychiatric Services
- Psychosocial Rehabilitation Services
- Social Work Services
- Comprehensive Medical Care

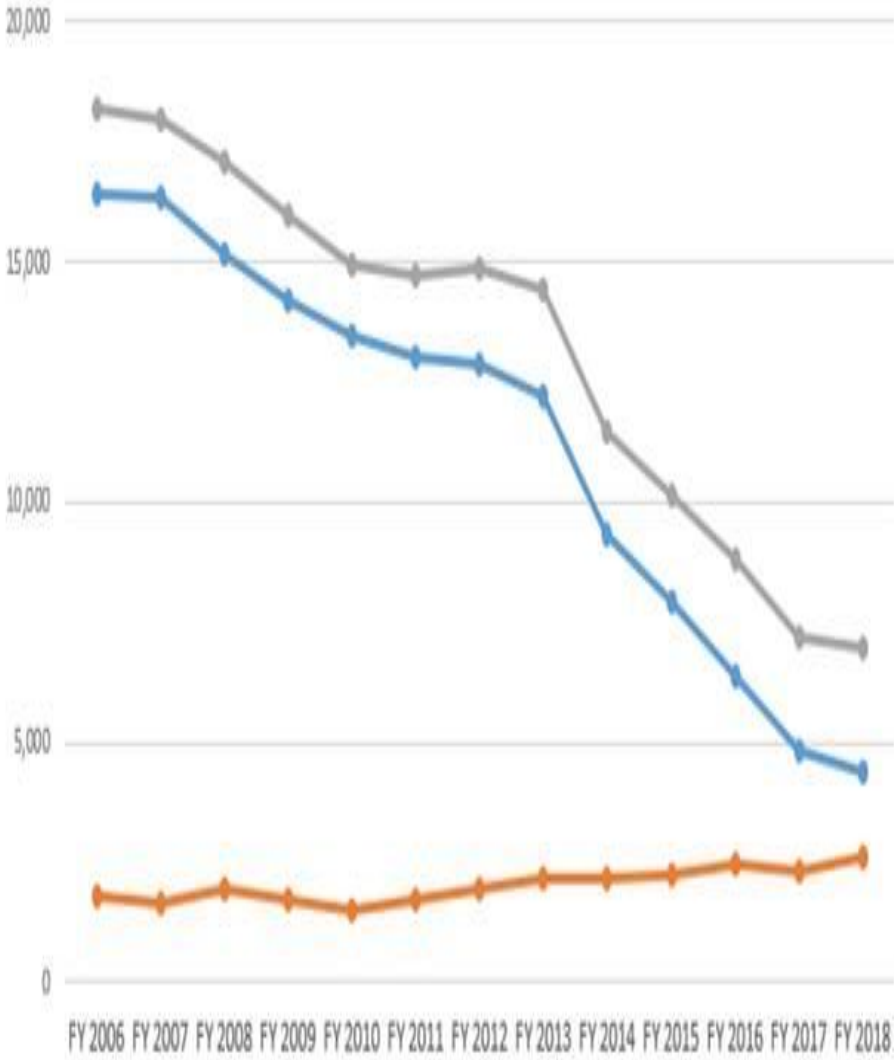
Texas Competency to Stand Trial

- Art. 46B.003. INCOMPETENCY; PRESUMPTIONS. (a) A person is incompetent to stand trial if the person does not have:
 - (1) sufficient present ability to consult with the person's lawyer with a reasonable degree of rational understanding; or
 - (2) a rational as well as factual understanding of the proceedings against the person.
- (b) A defendant is presumed competent to stand trial and shall be found competent to stand trial unless proved incompetent by a preponderance of the evidence.

Breakdown of State Hospital Census

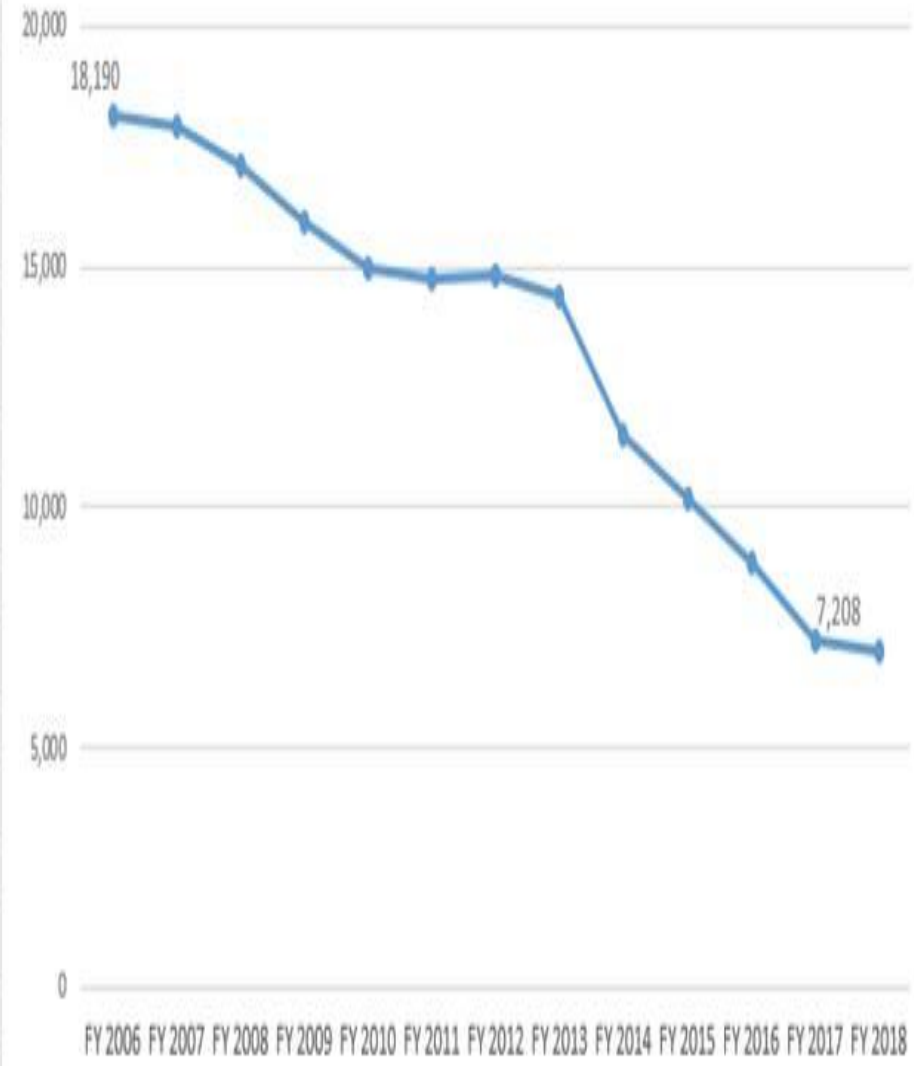


State Hospital Admissions



— Civil — Forensic — Total

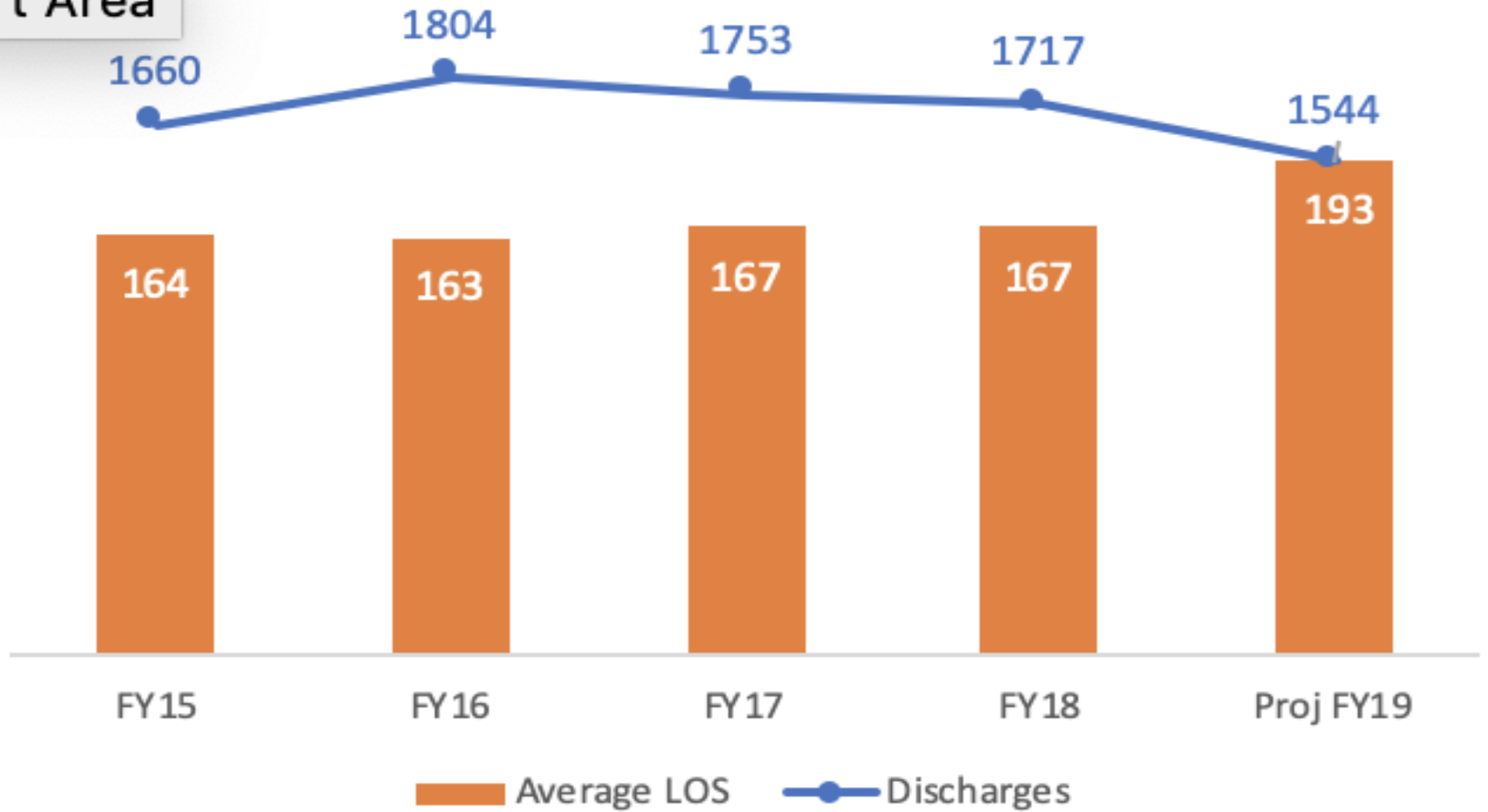
State Hospital Admissions



7,208

Incompetent to Stand Trial

Chart Area



Restoration of Trial Competency in Texas

- The judge decides whether the individual should be treated as an inpatient or as an outpatient IAW Article 46B of the Code of Criminal Procedure
- Outpatient competency restoration is available many areas of the state
- Community safety is a primary concern
 - If dangerous, person is committed to an inpatient facility for restoration

Inpatient Restoration of Competency

- 70 to 80% of individuals restore to competency within 6 months
- Treatment modality is most often antipsychotic medication
- What about involuntary medication for competency restoration?

Competency restoration, assessment and evaluation

- Screenings for competency at admission and every time the recovery plan is reviewed
- Standardized screening form (one page) that will prompt consideration of a referral for formal evaluation
- Forensic evaluator training (4 September 19) has established minimum standards for state hospital-based evaluators
 - Registry
 - Peer review
 - Enhance quality and resource sharing
 - More opportunity for data gathering

Competency restoration programming

- Statewide two-day workshop at KSH 21 and 22 August 19
- Examined all aspects of current competency restoration programming across the system
- Established an expert panel for competency restoration issues
- Will establish a centralized repository of curriculum, training, and best practices

Texas Sanity Statute

- § 8.01. INSANITY.
- (a) It is an affirmative defense to prosecution that, at the time of the conduct charged, the actor, as a result of severe mental disease or defect, did not know that his conduct was wrong.
- (b) The term "mental disease or defect" does not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct.
 - Must be proven by preponderance of the evidence
 - Burden of proof on the defense

What if found NGRI?

- Committed under Article 46C of the Texas Code of Criminal Procedure
- For a period not to exceed the maximum period of confinement if convicted of the offense in question
- Transitioned to the community when no longer dangerous to others
- May be subject to court jurisdiction even as an outpatient

NGRI Programming

- Specialized treatment needs aimed toward community reintegration
 - Housing
 - Employment
 - Treatment transferable to less structured settings
 - Substance abuse treatment/intervention

Specific Elements of NGRI Programming

- Collaborative, recovery-driven treatment that is ultimately transferable to the community
- Education about illness and need for treatment
- Psychotherapy both individual and group

NGRI Programming

- Family involvement
- Academic programming
- Substance use treatment
- Job skills
- Targeted community orientation and specific reintegration activities

Medication Treatment

- Streamlined to facilitate community transition
- Demonstrate stability not only in our hospital setting, but also suitable for their community disposition option
- Medication adherence strategies that are transferable to the community

Ongoing Forensic Review

- Psychiatric Security Review Committee
 - Multidisciplinary committee
 - Internal review
 - Therapeutic community passes
 - Internal observation levels
 - Review for discharge

Forensic Consultation Prior to Community Reintegration

- Treatment team obtains expert forensic consultation with respect to community transition
- Treatment team and the forensic consultant present to the Psychiatric Security Review Panel
 - Patient, LMHA, others may be present
- The review panel is composed of senior hospital leadership
- Community transition is endorsed, or additional recommendations are made

Community Reintegration System for Forensic Patients

- Collaboration with the LMHA is imperative
- State hospital treats through their specialized NGRI treatment programs
- State hospital staff recommend a general framework for community treatment that both mitigates violence risk and provides for the person's clinical needs
- LMHA mobilizes community resources
- LMHA and state hospital staff approach the court and petition for community transition
 - LMHA is tasked with provision of the outpatient services

Telepsychiatry

- Statutory mandate for jails
- Forensic waitlist issues
- Provision of specialty services across the continuum of care
- Assist with psychiatric treatment, forensic assessment, placement, or other consultation

Training in the State Hospital System

- 21 and 22 August 19: Competency Restoration Programming Workgroup (recap)
- 23 August 19: The Forensic Collaborative Meeting
- 4 September 19: Forensic Evaluator Training
- Forensic Mental Health Treatment Course
- NTSH-Vernon Statewide Forensic Conference
 - October 2019
- KSH Statewide Forensic Conference
 - May 2019
- HHSC Forensic Conference
 - April 2020

Preadmission Pilot Programs

- Urban Pilot Program
 - Based in San Antonio
 - CHCS, Bexar County Detention Center, District Attorney's Office, SASH
- Rural Pilot Program
 - Based in Big Spring
 - BSSH and West Texas Centers

Coming attractions

- New facilities
 - RSH, SASH, Kerrville MSU project
- Increasing academic linkages
- Broadening scope of training for staff
- Jail outreach
 - Pre-admission
 - Post-discharge

Questions?

- Feel free to email me
matthew.faubion@hhsc.state.tx.us
- Or call at 210-296-7643