

FY 18 First Quarter

Mississippi State Hospital Partners with Region 8 for Jail-Based Restoration Program

Goal 1, Objective 1.1, Strategy 1.1.4 — Develop and implement a Community Restoration Pilot Program to be operated in the Hinds and Madison County detention centers

Mississippi State Hospital has partnered with Region 8 Community Mental Health Center on the implementation of a jail-based competency restoration program in Hinds and Madison County.

The Mississippi State Hospital (MSH) Forensic Services unit is the only state-operated program that provides forensic mental health services in the state. For Circuit Courts in all 82 Mississippi counties, Forensic Services provides pre-trial evaluations and treatment for criminal defendants, including restoration of competency services for those found not competent to proceed through their legal cases.

However, the limited bed capacity at the unit is often a factor contributing to delays in receiving services, but this program can help alleviate wait times in two ways. First, jail-based services can divert some individuals from ever requiring an admission to the hospital for restoration, removing them from the waiting list. For those cases where admission is required, the provision of services in jail can reduce the time a patient may require inpatient services once admitted to MSH.

Removing patients from the waiting list and reducing the length of stay at MSH will allow quicker access to others who require treatment through the Forensic Service.

The program is also cost-efficient. In an inpatient setting, MSH would expend an estimated \$10,000 per person served per month, at an average of 10 months in the program. Through the pilot program, Region 8 is able to provide restoration services in a jail setting at an average cost of \$1,200 per person served per month, and it comes

at no additional cost to the detention facility housing the defendant.

As of September 30, three people in Hinds County had been restored to competency through jail-based services provided by Region 8 and allowed to proceed in their legal cases. The overall cost savings already generated by the program has exceeded the annual expense of the program.

Through October 31, there have been 15 total participants in the program. As a result of this program, three persons have already been referred for early re-evaluation, all of whom were found to have been restored.

Savings factors for this program include:

- Reduced length of admission for restoration
- Reduced county incarceration time
- Increased restorability likelihood
- Reduced waiting times for restoration admissions
- Reduced related mental health treatment costs
- Lowered number of circuit docket cases pending

“I’d tell any jail, ‘This is a program that you need to have,’” said Major Mary Rushing of Hinds County Detention Center.

“This program has helped our staff better manage them. In the system, their mental health can deteriorate while they are in custody. This program is restoring them to a level of competency. That helps us a whole lot.”



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MSH Conducts Forensic Screening Evaluator Training

Goal 1, Objective 1.1, Strategy 1.1.3—Develop and implement a Forensic Competency Evaluation Training Program to recruit local community-based evaluators

In an effort to make pre-trial competence evaluations more readily available, Mississippi State Hospital's Forensic Services staff on August 28-30 conducted a training designed to increase the number of qualified evaluators available to courts to perform jail-based services.

Dr. Amanda Gugliano, Dr. Stephanie Howard, Dr. Reb McMichael, Dr. Thomas Recore and MSH Court Liaison Philip Gaines led the program, titled "Community-Based Forensic Screening Evaluations of Competence to Stand Trial."

Twenty-one licensed psychologists and psychiatrists attended the free program. The training included:

- An overview of the criminal legal system and relevant mental health law.
- An introduction to clinical, legal and ethical aspects of conducting competence to stand trial evaluations.
- Special issues and/or common pitfalls in forensic evaluations of competence to stand trial.
- Essential components of a forensic report.
- How to prepare for and offer expert testimony as a forensic evaluator.

The program offered 15 hours of continuing education credit for psychologists, and all of the participants received a certificate of completion, though the training was not a formal certification to conduct forensic evaluations.

"Those who completed the program can say they have training in this area if this is something they want to

pursue," Dr. Gugliano said. "With this training, we wanted to provide a foundation to people who are interested in making themselves available for this service."

Gugliano said feedback from participants was "overwhelmingly positive."

"I found the training informative and fun," said Dr. Louis Masur, III, a clinical psychologist from Tupelo. "The mix of presenters and their styles made learning easy. Much of what was said was confirming for me, but I learned many new skills and techniques."

"The program was very well organized and thorough and the presenters were very knowledgeable, professional, and certainly considered experts in the field of forensic psychology and psychiatry," said Dr. Sandy F. Adams, a licensed psychologist in Jackson.

There is a backlog of defendants in the Mississippi court system awaiting pre-trial competence evaluation, and there are few licensed psychologists and psychiatrists trained to perform them. MSH has a lengthy waiting list for pre-trial evaluation and restoration services. A larger pool of evaluators providing community-based services could help alleviate the backlog.

The average wait times for initial evaluations have already decreased over the past two years. In 2015, the average wait time for an initial evaluation was nine months. Currently, it is three months.

Both this training program and the partnership with Region 8 on jail-based competency restoration are part of an ongoing effort to make forensic services more readily available from community-based providers at the local level.

